

Cover page	
Meeting	Trust Board
Agenda Item No.	
Paper Title	Operational Plan 2019/20
Date of meeting	30 th May 2019
Date paper was written	
Responsible Director	Nigel Lee – Chief Operating Officer
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Executive Summary	
<p>This paper describes the 2019/20 Operating Plan.</p> <p>The operational plan is based upon planning with each Care Group along with data analysis undertaken to support our areas of focus for 2019/20.</p> <p>Shrewsbury and Telford Hospitals NHS Trust has experienced a challenging year through 2018/19 mainly due to having limited access to a substantive workforce and relying on a high proportion of agency staff. This has impacted on our ability to improve our position across national performance standards, particularly the 4 hour A&E standard and an inadequate rating from CQC following inspection in August 2018.</p> <p>In response to the challenges we have faced in 2018 we have adopted an organisation-wide approach to develop our services, by developing an Improvement Plan, which aims to ensure that we can evidence significant improvements for staff, patients and regulators through 2019/20.</p> <p>The coming year’s strategy is to focus on developing strong foundations and ensuring we have the building blocks for success as we move towards making Future Fit a reality for the people of Shropshire, Telford and Wrekin and Mid Wales.</p> <p>Through Board and Senior Leadership Team discussions we have agreed as an organisation to focus on three main priorities in 2019/20:-</p> <ul style="list-style-type: none"> • Move out of Special measures • Achieve our agreed performance trajectories for ED/RTT/Cancer/Diagnostics • Achieve our agreed control total <p>The Trust Board is asked to:-</p> <ol style="list-style-type: none"> 1. Approve the Operational Plan 2. Approve the trajectories for ED, Cancer and RTT as described in the plan 3. Note the capacity challenge that still remains following improvement actions and capacity additions that are currently available 4. Note the financial position that the organisation will face should all of the significant pressures that have been identified be funded in 2019 5. Support the proposal for undertaking a full options appraisal in increasing capacity at PRH 	
Previously considered by	Performance Committee (March & April 2019)

The Performance Committee is asked to:			
<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input type="checkbox"/> Note	<input type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led

Link to strategic objective(s)	<p><i>Select the strategic objective which this paper supports</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare <input checked="" type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care <input checked="" type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities <input checked="" type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions <input checked="" type="checkbox"/> OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	All

Equality Impact Assessment	<ul style="list-style-type: none"> <input checked="" type="radio"/> Stage 1 only (no negative impact identified) <input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	<ul style="list-style-type: none"> <input type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input checked="" type="radio"/> This whole document is exempt under the FOIA
Financial assessment	



**The Shrewsbury and
Telford Hospital**
NHS Trust

Shrewsbury and Telford Hospital NHS Trust
Operational Plan
2019/20

Final Version
May 2019

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Executive Summary

Shrewsbury and Telford Hospital NHS Trust has experienced a challenging year through 2018/19, mainly due to having limited access to a substantive workforce and relying on a high proportion of

agency staff. This has impacted on us being unable to demonstrate effective systems and processes around our quality in some services, impacted on our performance of the 4 hour A&E standard and on our financial position. There has been significant external scrutiny in relation to patient safety following a Care Quality Commission inspection in August 2018, particularly around our Maternity and ED services and resulted in the organisation being placed in special measures by NHSI.

This Operational Plan sets out how we are going to respond to local and national challenges and continue our improvement journey.

Operational planning for 2019/20 has focussed on developing realistic trajectories that have been signed up to by our operational teams and that we will commit to achieve should we have the required workforce to do so. As an organisation we are keen to move beyond special measures, and as such we recognise that we need to re-establish our organisational reputation for delivering what we say we will. This year's plan, and delivery of the plan, is therefore critical in restoring trust and confidence from our regulators, patients and staff.

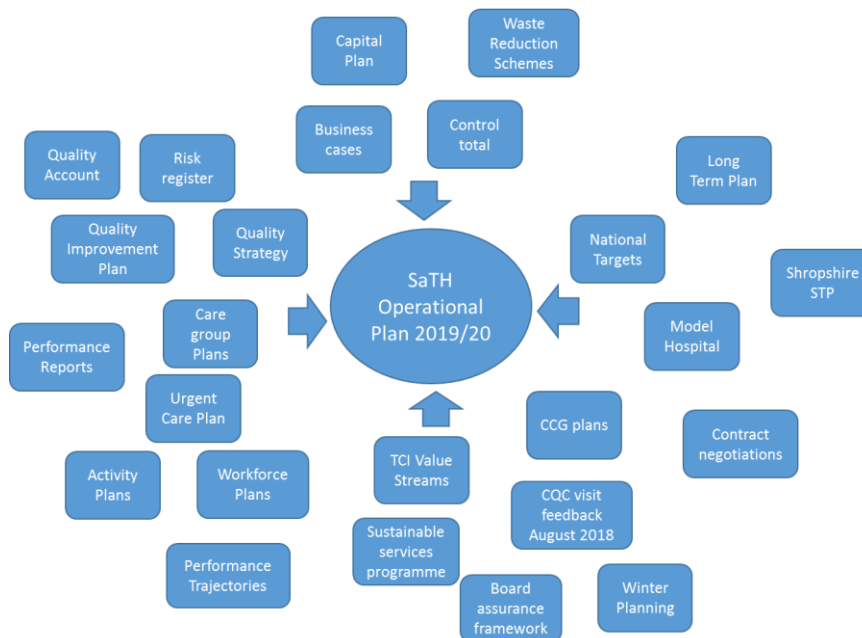
A description of the amount of capacity that is required is provided within the 2019/20 Operational Plan, within current ways of working, to safely manage the anticipated non-elective demand whilst maintaining the levels of activity required to safely meet our elective demand.

The availability of our workforce to service this demand by opening traditional bed based solutions is our major constraint, as is the current estate and the ability to flex our capacity in times of surge, particularly at PRH

We have agreed as a Board that we will not open additional bed capacity unless we can demonstrate that we can safely staff this. We have agreed that there needs to be a clear focus in 2019/20 on our recruitment and retention of staff in order to improve our vacancy position. We also recognise that there are alternative models of care within the acute environment and alternatives to hospital care that would provide alternative bed equivalent capacity, as well as alternative models of staffing that could support the safe delivery to our patient groups. This requires further exploration and support from both our regulators and our system partners to both support initiatives that will reduce demand for acute hospital beds and to drive alternative models of care delivery, including the staffing models on wards.

The plan defines the activity and capacity required to deliver the performance trajectories within the plan and highlights the challenging workforce requirements to deliver this plan. It also describes our quality agenda and details our financial plan.

The plan and priorities have been informed by a range of national guidance and best practice, as shown below.



Shrewsbury & Telford Hospital NHS Trust

Shrewsbury & Telford Hospital NHS Trust (SaTH) delivers services for over half a million people in Shropshire, Telford & Wrekin and mid Wales and employs over 6,000 staff. In 2017/18 we had an annual turnover of £359m, of which income from patient care accounted for £331.5m

Our Vision is “Safest & Kindest Care in the NHS” and we strive to do this through our strategic objectives which are:-

- Listening to, and working with our Patients
- Patients and Staff feeling they are safe and receiving kind care
- Working with our partners for all communities
- Innovative and inspirational leadership to deliver our ambitions
- Creating a great place to work

Our Values were launched in October 2013 and are still relevant today



We work in collaboration with the Virginia Mason Institute in Seattle. We were one of the first UK trusts to receive this support from one of the safest hospitals in the world and we are 3 years into a 5-year journey. We are using this methodology to support our improvement plan so that we can evidence significant improvements for staff, patients and regulators through 2019/20.

Following the announcement on the Future Fit programme that we have secured £312 million to enable us to develop our hospitals into two state of the art facilities work has been progressing at pace to develop the Strategic Outline Case. On 29th January 2019 the decision was made by the joint committee that RSH would be the Emergency site and PRH will be the planned care site. Clinicians are working with the design team to ensure that patient flows are appropriate and that operational productivity is maximised. This will undoubtedly make SaTH a better place to work and

to receive care – and we have recruited additional medical consultants on the basis that they can be involved in designing and working in brand new hospital facilities.

The coming year will focus on developing strong foundations and ensuring we have the building blocks for success as we move towards making Future Fit a reality for the people of Shropshire, Telford and Wrekin and mid Wales.

1 Introduction

The Trusts operating plans over the next 5 years are designed to support and prepare the Trust to move to new ways of working as the reconfiguration of our two hospitals and the development of a digital solution that supports care provision is realised.

There were 30 objectives that linked to SaTH's 3 ambitions for 2018/19 which were designed to move the organisation forward towards the longer term strategy. These built on the 2017/18 Operational Plan.

Although progress has been made towards a number of objectives there are also some which have proved challenging for the organisation due to many factors. Some of SaTH's 2018/19 objectives will be further developed within the 2019/20 Operational Plan, with learning being utilised to allow further improvement gains to be realised

There were 30 objectives for 2018/19 that linked to our three ambitions for 2018/19.

Objective Status (as of March 2019)	Number
GREEN: Good progress made in 2018/19	13
AMBER: Improvement made but not completed	11
RED: insufficient progress made through 2018/19	6
TOTAL	30

Progress against each of the objectives is shown at Appendix 1.

1.1 Objectives and Priorities for 2019/20

2019/20 will be the third year of our Strategic Services plan, which describes our new ways of working within our reconfigured hospitals. Following public consultation through the autumn, the joint committee of the 2 CCG's approved the decision making business case in January 2019, supporting our progression to develop the Strategic Outline Case. This will be completed for consideration by the Trust Board in July 2019.

Our Strategic Objectives were agreed through a collaborative approach through 2017/18 and has enabled us to further develop our Board Assurance Framework. Through work with our care groups and Senior Leadership team we have developed three specific priorities for 2019/20. These are:-

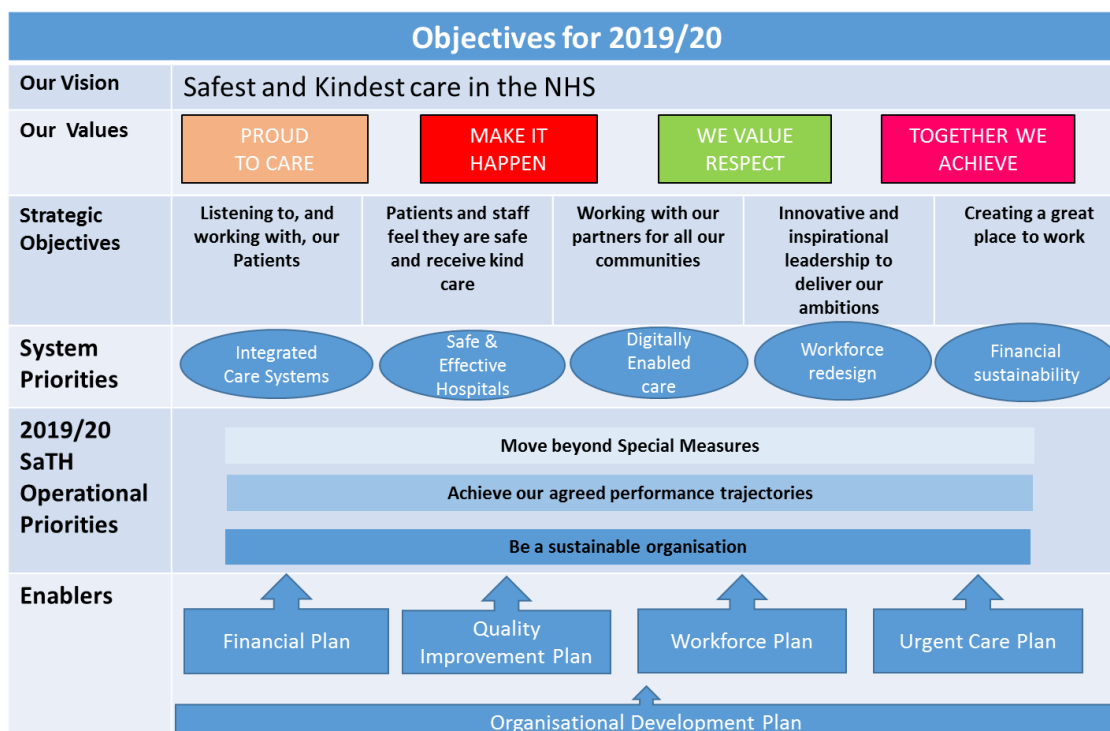
- To move beyond Special Measures
- To achieve our agreed performance trajectories
- Be a sustainable organisation

This year's operational planning has focussed on developing realistic trajectories with our operational teams that we will commit to achieve. As an organisation we recognise that we need to re-establish our organisational reputation for delivering what we say we will. This year's plan, and delivery of the plan, is therefore critical in restoring trust and confidence from our regulators, patients and staff.

We have developed four key enabling plans in order to achieve these objectives:

1. Financial plan
2. Workforce plan
3. Quality Improvement plan
4. Urgent care improvement plan

Underpinned by our recently refreshed Organisational Development Plan and supported by our Transforming Care Production System.



Key risks in delivering the plan can be found at Appendix 2. We recognise that for us to achieve the performance trajectories that have been included in the plan, and the improvement actions required for us to move beyond special measures, we need to increase the bed equivalent capacity from our current levels and we need to increase our workforce. We have a legacy of a significant workforce challenges with a large number of vacancies within our current establishment. The workforce plan that is described in this operational plan describes a level of workforce increase that carries significant risk. There is further work that is required around alternative models of provision for us to be able to demonstrate we can deliver the plan should the workforce not be available.

1.2 Contractual Position

Contracts have been agreed with Shropshire CCG and Telford & Wrekin CCG. Contract timelines for Welsh commissioners is on track but on an alternative timeline to the English timeline. The Trusts contracts are fully PbR (Payment by Results) compliant and therefore the Trust will be reimbursed for all activity in line with national rules and guidance. The impact of the activity plan supports the delivery of the constitutional performance standards (with recovery in Q1 for RTT and 2WW cancer and a longer recovery for 62 day cancer) and national planning assumptions.

The following points are worthy of note.

- RTT/Waiting List: Both CCGs have included additional activity and funding linked to reducing the waiting list size back to March 2018 levels – excluding Ophthalmology
- Non-Elective growth: There is a disparity on the forecast growth between the Trust and the commissioners and there is concern that this could create unnecessary risk to the Trust due to the blended tariff arrangements given the significant growth seen during the course of

2018/19 in comparison to the previous year. It is agreed that SaTH will include CCG growth assumptions based on the average of the 3 previous years on the understanding that if there is activity above this value it would be funded at a 60% agreed tariff (rather than the 20% associated with the blended tariff).

- QIPP: The SaTH activity submission in the plan has not been adjusted to remove the impact of QIPP schemes. This is because the organisation believes that should the QIPP schemes not realise the full benefit the impact will be seen in the continued increase in demand as we have seen in recent months. As such we have agreed with the commissioners that QIPP is built into the contract, however the activity figures within the plan is gross of QIPP and that should the QIPP schemes demonstrate the level of benefit expected by the CCG that we will reduce capacity and release costs. The narrative has been agreed and appended to the contract.
- Block Payment Review: All parties agreed to initiate a jointly delivered and in-year revenue-neutral impact assessment historical block payments and the previously identified Trust under-resourced service areas of audiology, pathology and therapies within the 2019/20 financial year to inform the 2020/21 contract rounds.
- Service developments: Additional service developments proposed by SaTH during the contract round will be considered by commissioners during the year for 2020/21 contract on receipt of developed business cases.

2. Activity Plan

We have applied a robust capacity and demand planning process, based on:-

- Baseline taken from 3 year average + growth
- Outputs of the NHS Improvements Demand and Capacity modelling tools for Outpatient, Inpatient and Diagnostic activity as required by the planning guidance

The growth figures agreed with CCGs as part of the contract planning process for 2019/20 are found at Appendix 3. We have worked with our CCG colleagues to deliver an aligned plan in terms of activity, however our plans do not reflect the full realisation of QiPP for this year as we need to build in some capacity in case this is not realised. We have agreed with the commissioners that should the QiPP schemes demonstrate the impact that the CCGs are expecting, then we will reduce our capacity accordingly in order to take out relevant costs. In addition our growth adjustments take into account the different growth assumptions across the CCGs and other commissioners we contract with so there will be slight discrepancies.

2.1 Non-elective plan

Assumptions

- 5.6% non-elective growth assumption has been applied for the Trust overall, which consists of:-
 - 3.3% growth in non-elective inpatients with a Length of stay greater than 24 hours
 - 10.8% growth in non-elective short stay patients (0 day LOS)
- 3.7 % growth in ED attendances with an increase in minors linked to any UTC development – the specification for this service is due out in early 2019/20 for implementation in the Autumn SaTH will be reviewing the opportunity of developing an Urgent Treatment Centre model once the detailed specification is available from commissioners.
- The impact of system plans for the transformation of Care Closer to Home, Ambulatory and Emergency Care and Urgent Treatment Centres continue to be developed and will be accounted for in line with implementation plans
- The 2019/20 A&E improvement trajectory has been set with percentage improvements allocated against the key drivers of underperformance in 2018/19 based on internal and system recovery plans. The Trust will not be compliant with the national A&E standards for 2019/20 instead averaging performance of 80%

- Our capacity and demand modelling demonstrates that without changes there will be ongoing additional bed requirements above the core bed capacity we have had in 2018/19. The capacity and demand model is shown at Appendix 4. The Trust Bed model, if **no improvement actions or changes to capacity** are developed, forecasts the following bed deficits across our sites:-

	April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar
BED GAP	-75	-67	-108	-88	-66	-80	-70	-134	-98	-97	-77	-121

- The capacity model currently uses beds as a currency for the additional capacity required. We recognise that additional beds requires additional workforce and therefore an alternative bed equivalent currency is more helpful as we look to develop alternative models of care delivery that would have less reliance on a significant increase in workforce. Capacity model can be found at Appendix 5.

Delivery Plan

- An urgent care improvement programme has been developed across the Shropshire system to address the bed gap and improve the A&E performance. The mitigation plans developed within this programme encompass themes identified from ECIST support and Multi Agency Discharge Events (MADE) that have occurred throughout 2018/19.
- In order to reduce breaches and improve our 4 hour A&E performance we plan to undertake the following improvement actions.
 - Command and control which will lead to a reduction in number of patients breaching between 4hrs and 4:30
 - Increase in CDU hours at PRH and Move CDU at RSH
 - Increase in workforce due to international recruitment of substantive middle tier doctors and nurses
 - Increase in capacity due to additional beds being open throughout the year (see capacity plan)
- We have been working closely with ECIST throughout 2018/19 to make changes to our urgent care offer. In 2019/20 a key focus will be on Same Day Emergency Care and our ambulatory model. We recognise that there is a requirement for us to have SEDC in place by September provided 12 hours a day, 7 days a week. This will support a move to increase the proportion of acute admissions discharged on the day of admission. A lead clinician has been identified to lead this piece of work, along with key colleagues from primary care and initial working groups are currently being established. The focus of the work is around developing and implementing pathways and a review of space for optimal patient flow on both sites,
- To reduce ambulance handover delays we have developed a PitStop model on both sites and we also plan to test the Acute Medical Receiving Area model that has been successful at UHNM to determine its level of effectiveness
- Mitigation schemes have been developed to reduce bed capacity requirements, whilst continuing to provide excellent and safe care for patients. These schemes however are not likely to provide full benefit until at least October 2019. These schemes include:-
 - Reviewing the options around developing a rehabilitation out of hospital model
 - Developing the same day emergency care model at the front door
 - Developing the stranded patient/standard work/Sath2Home/frailty model at PRH to the same level as has been achieved at RSH (benefit of 28 beds when fully established)
 - Developing a Frailty at the Front Door model at PRH to mirror the RSH model
- There is work progressing to reconfigure wards to provide a level of identity and appropriate medical cover to support more efficient patient treatment which will have a positive impact on reducing length of stay
- Patients who no longer require acute care should be managed in the community for rehabilitation. In 2019/20 onwards we plan to work with commissioners and community colleagues to secure appropriate pathways for this to be achieved.

- Our SaTh2Home programme has continued successfully to support people who are medically fit for discharge but who require additional support on discharge and whose care package is not yet available from Social care. We are supporting 40 complex discharged per week by the SaTH2Home team. We aim to continue this throughout 2019/20 with the aim of supporting additional patients through this scheme.
- We have developed a capacity plan to support the additional capacity requirements identified through our planning cycle. This will however rely on additional workforce, which is not only expensive but also a constraint for us due to the current level of vacancies that we are carrying. We recognise that there is further work required in the early part of Q1 to develop alternative models of delivery, in order that current capacity and workforce constraints do not prevent us from achieving the level of performance we have planned to deliver in 2019/20.

Outcomes

- Our 4 hour A& E trajectory will achieve a 10% improvement on 2018/19 with an average 80% performance for Type 1 & 3. (Appendix 7)
- We plan to reduce corridor care in the Emergency department on both sites
- Our non-elective length of stay has reduced in 2018/19 within our medicine specialities from 13 days to 9.5 days. (see appendix 6) We aim to reduce LoS by a further 0.5 days throughout 2019/20.
- We have planned to reduce our ambulance handover delays of over 30 mins and over 60 mins by 80%
- The Stranded patient (patients with a length of stay of over 7 days) and Super Stranded (patients with a length of stay over 21 days) has reduced through 2018/19 to one of the best in the country. We can demonstrate a 15% improvement on all patients over 7 days compared to 2017/18 and a 39% improvement in February for patients over 21 days. Our plan is that we maintain this position at RSH and we improve the position at PRH. We aim to achieve no more than 220 patients over 7 days (which includes 45 patients over 21 days by March 2020.)

Workforce requirements

The workforce plan describes the additional workforce that is required to ensure that there is sufficient workforce available to manage the additional capacity effectively. The clinical teams have inputted into the plan and are more confident of achieving the plan if the bed capacity is available all year and wards remain open that have historically closed in summer, but opened reactively as a result of demand rather than in a planned way. Whilst they recognise that there is significant risk in appointing additional staff to manage the additional capacity, particularly as there is a high vacancy rate on our wards currently, the view of the clinical team is that it is easier to recruit to a ward that has a clear identity and can build a team around it.

- Ward nursing has historically been funded for winter only and therefore there has been a higher reliance on agency and bank staff. The additional bed capacity approach that has been developed will require recruitment of additional substantive nursing for the wards that will be opened all year as opposed to our usual approach of opening winter capacity between November and March, the additional 14 beds that will transfer to Unscheduled care during the ward flip to support the ring-fenced Orthopaedic ward and the additional capacity that will be created when ward 35 and the PRH additional capacity is available.
- We are reviewing our ward nursing models and plan to develop new ward workforce models moving away from traditional templates. We also plan to have at least one therapy led ward through 2019/20 and therefore the reliance on nurse staffing for this ward will be much less than a traditional acute medical ward.
- Additional acute medical physicians and 2 GP's have been included in the workforce plan to support front end ambulatory and emergency care developments. In addition, with the ward changes at PRH and move of Gastroenterology to RSH, more specialist physicians are to be recruited to provide the required level of medical support on the wards.

- Recruitment of therapy staff has been successful through 2018/19 with a large number of student therapists being recruited to start in the summer of 2019. The success in recruiting therapists at all levels has led us to believe we have a better chance of recruiting to a therapy led ward model as opposed to a traditional nursing model. A staffing model has been developed by our senior therapist for a therapy led ward and is included in the workforce plan.

Risks to delivery

- The constraint related to improving ED performance continues to be having access to sufficient ED workforce, sufficient bed capacity available to move patients through to an assessment bed in a timely manner and sufficient acute medical physicians to assess and treat patients when they have been admitted.
- We need to ring-fence our ambulatory care areas so that we can continue to see a high proportion of ambulatory care patients outside of the emergency department. This requires the bed capacity plan to be realised and requires additional workforce.
- There is a risk in our ability to deliver our performance trajectory due to the workforce challenges we face.

2.2 Elective Plan

Assumptions

- Elective in-patient planning growth at Trust level is planned at -5.6% and elective day case growth is planned at 5.2%.
- We will not have any patients waiting over 52 weeks
- Our plans have taken into account the impact of winter where there is scope for adjusting the profile of the work without impacting on the quality of care for patients.
- We have been using day surgery capacity for our escalation areas through winter 2018/19. The activity plan developed assumes that this would have de-escalated from day surgery by April 2019 so that full elective activity can be delivered and that we will not escalate into day surgery in winter 2019/20.
- We have also considered how to maintain day surgery activity through the 2019/20 winter months to avoid the impact seen this year on day surgery activity and on waiting lists.
- Outpatient activity has been planned to ensure elective waiting times are maintained and improved, such that the overall waiting list does not increase in the year to March 2020.
 - New outpatient appointments are planned to grow by 4.7%
 - Outpatient follow-ups are planned to grow by 0.4%.
 - Outpatient procedures are planned to grow by 2%.
- The use of flexible capacity (such as waiting list initiatives that may include additional clinics or surgical lists) to both sustain and deliver improvements across all specialties are included in the capacity assumptions.

Delivery Plan

- By adjusting our bed configuration at PRH we will be able to ring-fence some elective bed capacity and convert an additional 14 beds to non-elective bed capacity in our plans to meet the additional non-elective demand and maintain elective in-patient work.
- We are converting some vacant space to a procedure room on the RSH site to re-provide previous Head and Neck theatre space that was co-located with A&E and more appropriately utilised for CDU activity.
- We have booked a Vanguard unit for Q1 on the PRH site. There is an expectation that the Vanguard unit will treat 800 patients across May, June and July. We may need to bring a Vanguard unit on site in Q4 in order to maintain activity if we have been unable to fully achieve

our activity plans based on the procedure room not being available as early as we had initially anticipated.

- A piece of work, supported by NHSI, and utilising an external contractor (Four Eyes) is being planned in 2019/20 to support improvement in our theatre productivity. The assumption is that theatre productivity will improve by up to 30% by the end of 2019/20, enabling 4958 additional cases per year to be undertaken through the same capacity in 2020/2021.
- We are creating dedicated theatre capacity for ophthalmology to complete our ophthalmology reconfiguration of services. The opening of this is dependent on the estates works being completed in Copthorne Building at the RSH site.
- Care groups are confident that there is sufficient capacity in outpatients to meet the requirements of planned activity. There has been some focussed improvement work through a Value Stream within ophthalmology out-patients utilising the Transforming Care Production System. Areas of focus have included the content of the letter received by patients inviting them to their appointment, improved clinic preparation, and improvements to reduce appointments cancelled by the Trust or the patient. These improvements are ready to be implemented more widely across other out-patient settings so that more patients can benefit and out-patient services can become more productive. A system wide out-patient Improvement programme is also being scoped currently with the support of the STP.

Outcomes

- We aim to reduce our RTT waiting list from March 2019 levels as they are 2500 higher than at March 2018 levels. We are planning to achieve March 2018 levels through our recovery programme, with the exception of Ophthalmology. (appendix 7)
- Our March 2020 waiting list position is predicted to be 16,435.

Workforce requirements

- Additional staff are required to support the Vanguard unit in Q1 – this will be provided through agency anaesthetist and bank nursing

Risks to delivery

- The Trust is forecasting a challenging first quarter for performance against the 18 week RTT. This is due to the amount of activity that has been cancelled in Q4 due to the day surgery beds on both sites being occupied by non-elective admissions (due to the high volume and increased growth of non-elective admissions through December, January and February).
- Elective joint replacement activity paused in February following a visit from GIRFT lead for orthopaedics and trauma who advised the team that the ward configuration required change for infection rate control reasons. A ward configuration plan has been agreed and will now take place in early April to enable the service to resume which will mitigate this issue.
- Access to a new procedure room at RSH is required to support the delivery of RTT. This is planned for summer 2019 however if there are delays to this being available then this will impact on RTT recovery
- Maintaining day surgery activity throughout the year is required to achieve RTT. If the capacity or improvement plan does not mitigate the non-elective demand in winter there is a risk that day surgery beds will be utilised for non-elective patients and therefore reduce the activity the service can deliver.

Critical Care Plan

- Plans assume there will continue to be 19 core ITU beds and 6 HDU beds across both sites in 2019/20.
- We plan to create a bay on the Surgical Assessment Unit that will provide an Intermediate Care Area to cohort patients that have higher nursing needs.

- We have planned to improve our time to ward for wardable patients on both sites – in doing so we recognise that there is a capacity requirement in our deep bed base to ensure that we can accommodate these patients in a timely manner.
- Plans assumes there will continue to be 13 CCU beds in 2019/20
- Plans assumes there will continue to be 7 Hyper Acute Stroke Unit Beds in 2019/20

2.3 Cancer Plan

Assumptions

- The Trust has been underperforming against the 62 day cancer standard since July 2018, with variability between tumour sites. In reviewing the drivers of this underperformance, a number of factors have been identified which have contributed to this. Some are underlying issues over a period of time where as some are episodic. Some are tumour site specific and some are trust wide or indeed national conditions.
- The major, but not exclusive, drivers of underperformance at Trust level are Urology performance, Diagnostic Turnaround times, Pathway design, Governance & Operational Grip and Clinical Capacity
- The main tumour site with consistent difficulty performing is Urology; however there are evident problems with delivery across the board – some having more performance impact than others given the large variation in volume across the tumour sites.

Delivery Plan

- The Trust is forecasting a challenging first quarter for performance against the 2ww standard for 2019/20. This is mainly due to limited access to consultant capacity within radiology. A recovery plan is in place which will increase performance and provide sustainability for the rest of the year.
- We have a cancer recovery programme and full action plan in place to support achievement of the 2ww and 62 days standards – three areas of focus are PTL review, Tracking & MDT review and leadership & management of the process.
- We have a collaboration with UHNM to support our urology pathway. There is however limited capacity at UHNM as there is only one Robot available to support delivery of this pathway.

Outcomes

- We plan to achieve over the 93% 2 week target from July onwards. (Appendix 7)
- The 2ww Breast standard is likely to be below target in April, June and August – this is based on the current workforce challenges and also intelligence based on historical performance.
- The 62 day standard is not likely to be achieved until October. This is mainly due to our urology pathway and the limited capacity available at UHNM to support the demand we are seeing

Risks to delivery

- Risks to the recovery and achievement of the trajectory include:
 - Improvement capacity from internal teams to deliver the pathway redesign work and enhanced operational grip
 - Workforce capacity to deliver diagnostic turnaround times
 - There are risks to achievement of this if the radiologist workforce issues cannot be resolved satisfactorily however we have developed a revised workforce model for radiology using AHP and consultant radiographers.
 - Workforce to deliver level of Urology activity required
 - Pathway redesign
 - Governance – the profile of the Cancer Board and Transformation Agenda

2.4 Diagnostics Plan

- The Trust is forecasting meeting the diagnostic standards through 2019/20.
- CT activity is forecasted to continue the trend and grow by a further 6.3%
- MRI activity is forecast to grow by 2.5%
- We have plans to upgrade our CT and high cost diagnostic equipment in 2019/20 moving to a managed service approach.

2.5 Maternity & Paediatrics Plan

- There has been a reduction year on year in births since 2016/17
- The Trust is assuming the same number of paediatric and maternity beds as in 2018/19
- The RSH Midwife Led Unit re-opened in 2018/19 which, if women choose to attend could increase activity by 30 births next year (based on 25% repatriation)
- The consultation for Midwifery Led Units is expected to be launched by the CCG's in early summer 2019.
- Work is progressing on our improvement work associated with continuity of carer
- We are increasing our planned c-section lists to reduce the number of emergency c-sections undertaken
- We are recruiting additional midwives and midwifery support staff to improve the quality of care received by our patients
- We are delivering the Birth Rate Plus which prescribes the clinical establishment required based on agreed standards of care and specialist needs to manage maternity services

3. Quality Plan

The quality of our services, particularly in ED and maternity services, have been highlighted in 2018/19 as requiring particular focus.

An independent review of investigations into a number of historic maternity cases was undertaken during 2017. Following the announcement in the media the Trust were made aware of legacy families who had queries about their care over a number of years. During 2018/19 the legacy cases have been reviewed and further families have contacted the Trust. The Trust is committed to ensuring that any learning and improvement is gained from listening to families and hearing their experiences. These will be fed into the quality improvement plan being developed.

The CQC undertook an inspection in August 2018 and reported a rating of 'inadequate', with care rated as 'Good'. The CQC Inspection Report identifies 79 'Must Do' requirements and 89 'Should Do' recommendations. The 'Must Do' requirements relate to breaches of nine regulations of the Health and Social Care Act (HSCA) 2008.

Improvement themes have been identified for all of the 'Must Do' requirements identified in the CQC Inspection Report to assist in the identification of systemic issues and cross-cutting themes. This analysis has assisted the Trust in providing an indication of common underlying challenges. This in turn has informed the structure of the improvement plan and approach, and the associated prioritisation of actions and allocation of resources.

3.1 Approach to Quality Improvement, Leadership & Governance

To support clearer leadership around quality, a newly developed Directorate of Clinical effectiveness is being established, headed by a newly appointed Executive Director of Clinical Effectiveness, who is responsible for improvement in clinical practice, promoting innovation and supporting the transformation of clinical pathways. A new Trust Medical Director was appointed at the end of March. There will undoubtedly be a review of medical leadership in the organisation as a result of this appointment. Our Director of Nursing left the organisation at the end of March 2019 and an interim Director will be appointed until a substantive Director is appointed. It is expected

that the corporate nursing team will review the nurse leadership structure as a result of this change.

The Quality and Safety Committee remains the key Board Sub-Committee that receives quality related information, seeks assurance from those presenting it and reports directly to the Trust Board. As shown above, the improvement steering groups report to Trust Board via the Quality and Safety Committee, as do the following tier 3 groups:-

- Patient environment group
- Clinical governance executive
- Safeguarding operational group
- Operational risk group
- Infection, prevention and control committee
- Maternity task and finish group

A monthly report is provided to Quality & Safety committee which covers performance against contractual and regulatory metrics related to quality and safety during the previous month. The report is designed to provide assurance to the Quality and Safety Committee where the Trust is compliant with key performance measures and where targets have not been met, that there are recovery plans in place.

The report is submitted to the Quality and Safety Committee as a standalone document, however it is presented to Trust Board as part of the integrated reports for consideration and triangulation with performance and workforce indicators. It is also submitted to our commissioners to provide assurance to them that we are fulfilling our contractual requirements as required in the Quality Schedule.

A more in depth report is presented to the Quality & Safety Committee on a quarterly basis that provides trend data over the previous quarters to provide greater detail and assurance. This process was put into place during 2017/18 and has developed further through 2018/19.

This paper relates to a number of key metrics which span the three domains of quality which includes:-

- Infection control
- Pressure Ulcers
- Falls
- Serious Incidents
- Catheter UTIs
- VTE
- WHO safe surgery checklist
- ITU discharge delays
- 12 hour breaches
- Cancer treatment
- Mortality review
- Complaints
- Friends and Family Test

This provides a method of triangulating meaningful quality and safety information and also contributes to further quality assurance via the Governance Assurance Framework. Quality indicators are triangulated through a dashboard approach at ward, care group and corporate level and incorporated into the overall Trust Dashboard.

Assurance relating to the level of compliance with national and local audit and NICE is reported to the Clinical Governance Executive. External mechanisms for reporting with external scrutiny are also in place in terms of the CCGs, NHSI and NHSE.

The Trust will continue to use the balanced scorecard of Quality, Performance, Workforce and Finance adopted in 2015 to review existing and future services and plans in 2018/19.

3.2 Approach to Quality Improvement

The Trusts approach to quality improvement requires a cultural investment in continuous improvement to create a sustainable long term improvement approach which will take the organisation from our current rating of 'inadequate' to 'outstanding'.



As one of five NHS Trusts that have partnered with Virginia Mason, we have adopted the Transforming Care Production System (TCPS) as our quality improvement methodology. Through 2018/19, TCPS has supported improvements in over 10 key areas across the organisation including Unscheduled Care, Sepsis, Recruitment, OPD Ophthalmology, Patient Safety, Emergency Departments at RSH and PRH, Radiology, Surgical Pathways Teams, plus Procurement and the Lung Cancer Pathway. We are aligning the value streams to the key areas of focus that are highlighted within the operational plan, so that staff are clear on the links between the operational plan and the improvement methodology.

The commitment of our staff to undertake TCPS training and apply their knowledge to improve the experiences of our patients and staff means we are now on trajectory to educate 4000 staff by April 2019, and have 1000 staff with evidence of applying TCPS.

Utilising our Transforming Care Production System (TCPS) methodology, we will robustly address the CQC actions as well as provide the structure for continuous quality improvement. Success is recognised as being dependent upon three factors:

1. Early and effective **engagement and ownership** from staff from ward to board
2. Development and **delivery of a plan that will addresses root causes**
3. Parallel action to deliver improvements across the **Well-Led domain**

Five Improvement Steering Groups have been formed to act, own and manage development and delivery of the improvement plans to drive change. (Appendix 8) The membership of the Improvement Steering Groups comprises of staff drawn from all levels of the organisation through to and including staff nurses, junior doctors and porters. Each Improvement Steering Group is led and chaired by an Executive Director. All 'Must Do' requirements and 'Should Do' recommendations have been assigned to one of these Improvement Steering Groups for ownership and progression. Through Q4 workshops have been taking place where staff collectively unpack the 'Must Do's' and Should Do's through an SBAR approach (situation, background, assessment response). Quality Improvement Plans have then been developed for each area of work (see Appendix 9)

Two further groups support the programme of work:-

- A Trust-wide Engagement and Enablement Working Group has been formed. This Group is responsible for ensuring a consistent approach is being taken to continuous quality improvement across the Trust, utilising the existing methodologies and resources from Trust's involvement in the Virginia Mason Institute programme.
- A specific Well-led Improvement Steering Group has been set up to provide robust governance to deliver improvements in the well-led domain. This Group will develop and manage the well-led plan which will involve triangulating data from Self-assessments carried out by the Trust Board, executive and senior leadership teams; CQC Inspection

Our Exemplar Ward programme has continued to roll out throughout 2018/19, with three wards achieving diamond exemplar status. All wards will have had a baseline assessment utilising 11 quality and safety standards by the end of May 2019. Each ward is then placed on an appropriate pathway of reassessment depending on the ratings received at their baseline audit. In 2019/20 we will continue this initiative and intend to gain nation recognition for the programme.

The following documents also support our approach to Quality Improvement

- Safest and Kindest Every Day Quality Strategy
- Quality Account
- Corporate Nursing Plan
- The Organisational Development Strategy

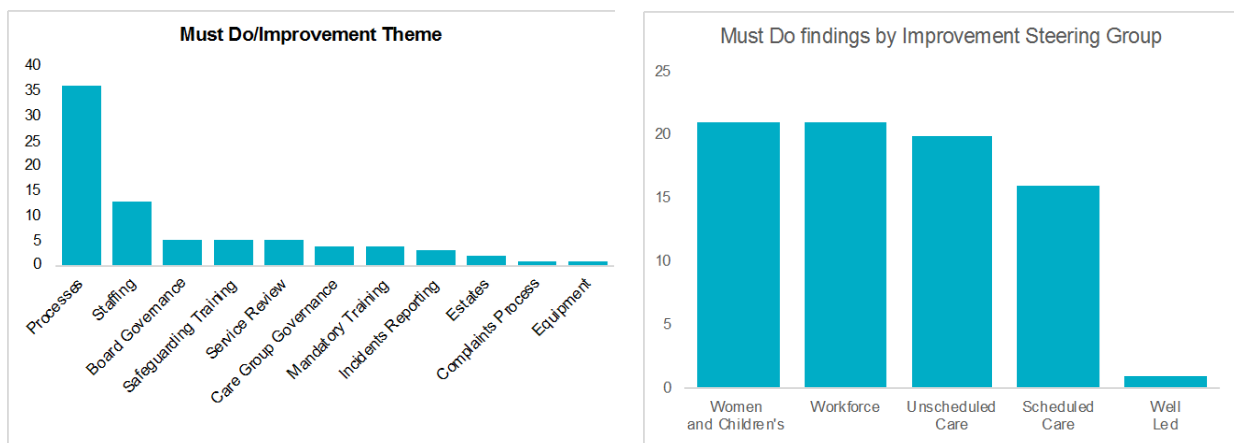
We have a number of opportunities for members of the public and our patients to be informed, involved and engaged in our work. Whilst we are not a Foundation Trust, we have a cohort of public members who receive our quarterly newsletter Safest and Kindest. We have developed a People’s Academy, with 90 people completing the 4 session induction which includes presentations, behind the scenes visits, demonstrations, activities and opportunities to ask questions of senior staff within the Trust – this provides people with more information about our services and how they can be involved. We have also developed a Young Peoples Academy, which condenses the People’s academy content into a one day course, specifically aimed at young people aged between 16 and 25. This also provides opportunity to talk to our work experience and apprenticeship team.

A People’s Forum is being set up which will represent the interests of the members of the Trust as a whole, and the interests of the public within the Shrewsbury and Telford Hospital NHS Trust.

3.3 Summary of the Quality Improvement Plan

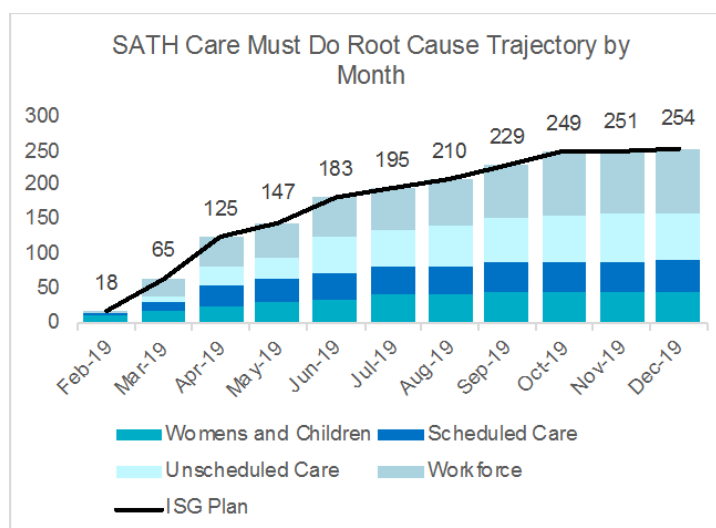
In order to move out of special measures we have a series of actions that we are obligated to complete and demonstrate improvement. As described above, the Integrated Improvement Plan is the mechanism for us to support delivery on this.

A total of 79 Must Do Findings were reported through the feedback at the CQC inspection. Several of these linked to Section 29a and Section 31 notices. Analysis of the Must Do Findings by theme has been undertaken and then allocated to the most appropriate improvement steering group.



Through the unpacking process 264 Root Causes have been identified relating to the original 78 Must Do findings. The vast majority of Must Do findings have multiple Root Causes to be addressed to fully resolve the original issue and deliver sustainable improvement. Action plans have been developed and a resolution date has been set in respect of each of the Root Causes. The trajectory sees over half the Root Causes being resolved by the end of April and more than 80%

completion by the end of August 2019, with the remaining resolved by end March 2020. A similar trajectory has been developed for the Should Do actions.



There has been significant progress delivering actions against the Section 29a and 31 notices. These actions are expected to be completed by April 2019.

Regulation 31	No. of Actions	Complete	On Track	Some Issues	Not on Track	Pending	% complete
Maternity	20	18	0	1	0	1	90%
ED	15	12	1	2	0	0	80%
Section 29A	No. of Actions	Complete	On Track	Some Issues	Not on Track	Pending	% complete
Medicine	6	0	6	0	0	0	0%
Critical Care	5	1	3	1	0	0	20%
ED	3	0	3	0	0	0	0%

Detail below shows how we are mitigating our risks to quality.

Maternity

During 2018/19 SaTH's Maternity services have become under increased scrutiny from external bodies, including a review initiated by the secretary of State. Moving into 2019/20 this extended review will continue to look at historic investigations dating back 19 years, into a number of cases which relate to newborn, infant and maternal deaths. The review is led by NHSI and will cover a range of incidents raised to the Secretary of State for Health and other incidents identified following media coverage. The announcement of this investigation, in April 2017, led to 16 families coming forward with questions about their care, and an additional 24 cases were put forward for review by the independent midwife leading the NHSI review.

The Trust has established a Clinical Review Group to examine those cases which were not included in the Secretary of State's review, to ensure a robust process and complete transparency. The Group undertook a preliminary review of those cases where there had already been a complaint or serious incident and assessed the clinical care of the remaining patients using a structured process adapted from the Royal College of Physicians. This tool helped to identify if there was any potential learning from the care provided at the time.

The organisation is committed to providing all of the support that is required to the review and will continue to support staff and patients during this time and beyond. A key goal for 2019/20 is to re-establish the Trust's clinical reputation within Maternity services.

The maternity team are focussed on continuing their quality improvement journey and are looking to further develop the continuity of carer programme through 2019/20. We are also planning to deliver Birth Rate Plus which prescribes the clinical establishment required based on agreed standards of care and specialist needs to manage maternity services.

Emergency Department

The Emergency Department has an extensive action plan following the CQC visit in August 2018 that identified some significant shortfalls in quality. The areas of focus within the action plan are as follows:-

- Identification and management of Sepsis
- Identification and management of the deteriorating patient
- Roll out of NEWS2 across both ED departments (commenced October 2018)
- Monitoring compliance with the Emergency Care Bundle
- Commencement of 2 hourly safety huddles
- Regular Full MDT Board rounds
- Environmental audits

Good progress has been made against these areas with regular audits to ensure that any progress is maintained.

The Emergency Department Value Stream (Value Stream 6) was established in 2018 and has to date undertaken five Rapid process improvement Weeks (RPIW) around the following areas:-

- Speciality Review
- Front Door Streaming
- Documentation
- Transfer to X-ray
- Flow of minors

The impact of this work is seen in an improvement in waiting times for minor's patients and a decrease in ambulance handover times. The next RPIW booked for May will focus on CDU.

Mortality

We have seen an improvement in our performance regarding mortality over the last four years, and this has been maintained over the last year. This is demonstrated consistently over the four mortality parameters that we use and we now are consistently lower than our peer comparators. Our mortality review meetings help to identify areas which need further investigation. Through 2018/19 we focussed on PE 90 day post discharge, ED mortality and Fracture Neck of Femur.

Sepsis

The identification and management of Sepsis has been an area of focus for SaTH. A Value Stream was established in 2016 (Value Stream 2) as one of the first Value Streams that would utilise the TCPS methodology. There are now Sepsis champions across both sites, a sepsis box/trolley is available on all wards and departments and sepsis training has been completed by over 1400 staff. NEWS2 has been fully rolled out across all wards utilising the electronic system VitalPak. The Emergency Department has been the last area to roll out NEWS2 and this is now completely implemented.

A Sepsis Practitioner role has been approved for appointment and will be advertised very shortly. The Critical Care Outreach Team have undertaken a significant amount of work to develop PGD's that will be rolled out once the Sepsis Practitioner is in post.

Patient Safety

A Patient Safety Value Stream (Value Stream 5) has been in place since December 2017. The original focus for the Value Stream has been in the Women's and Children's care group and has focussed on Datix reporting, investigation and sharing of learning. Improvements made include the following:-

- Implementation of Safety huddles
- 80% reduction in time following an incident in reporting the incident
- 99% reduction in lead time from incident report to investigation complete
- Improvement in feedback to individuals who report an incident on the outcome of the investigation

Seven Day Services

Our Seven Day Services working group has a detailed action plan to support movement towards compliance with the four mandated seven day services standards; however due to significant gaps in the nursing, medical and AHP workforce there is a significant risk that we will not achieve all four standards by the required 2020. Sustainable 7 day service delivery is dependent on the implementation of the Trust's service reconfiguration plans and the development of the emergency care and planned care sites.

3.4 Quality Assurance Process

We have a range of assurance processes within the organisation that enables us to monitor the impact of the quality initiatives that are embedded within the quality improvement plan both in terms of patient and staff experience. Each executive and their deputy is allocated a "buddy area" to provide ongoing visibility and support. They undertake regular genba walks where senior managers go out on the floor to meet and talk with patients and staff to understand experience in the moment and then feedback to the ward or department manager or escalate any areas of concern for immediate action. Each buddy receives any thank you letters or emails of praise for their areas and hand delivers them, again providing an opportunity of face to face contact with staff and patients.

Each TPCS ValueStream has a range of clear quality indicators that are reported on at Report Outs and at 30, 60, 90 days. Monthly Guiding Team meetings are chaired by the Chief Executive and each Value Stream will report on their quality indicators at this meeting. It has been agreed that the ValueStreams for 2019/20 will align with the Operational Plan priorities so that we utilise our improvement resource and workforce effectively.

A full clinical audit programme is designed each year and signed off at the Quality & Safety Committee. The audit programme includes national audits, Trust priority audits (including NICE audits and those items identified on the risk register, as well as local audits that support priorities within the operational plan.

3.5 Strengthening our Quality Impact Assessment Process

We recognise that the current Quality Impact Assessment (QIA) Process is an area of development of the Trust. Once our new Medical and Nursing Executive Directors commence in post they will, along with the Director of Clinical Effectiveness, review and develop a plan to strengthen the effectiveness of the QIA process

Whilst we do assess the impact of Operational Plan projects, cost improvement schemes and service reconfigurations on the quality of care using the Quality Impact Assessment, we recognise that the current process is not as robust as it needs to be. The current process is described below.

A pre assessment QIA is undertaken to determine if a full QIA is required. Each proposed scheme is assessed against its impact on quality and any associated risks to delivery. The risk assessment (based on consequence and likelihood) is undertaken on the three domains of quality:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

Each assessment requires plans for mitigating any risk identified, evidence that staff have been engaged in the CIP planning. Each QIA requires sign off at care group level by the lead clinician, and the lead manager and then must be discussed with, and signed off by, the Medical Director, Director of Nursing & Quality and the Chief Operating Officer.

This process ensures that risks to quality and safety are identified and mitigated utilising clinical expertise to ensure that clinical quality and safety is maintained and appropriately assessed, however the governance route and rigour of the assessment process requires further development.

4. Workforce Plan

4.1 Strategic View

Strategically, focus this year has been on development of the Trust Organisational Development plan together with Workforce plans to support improved people practices. This will underpin the existing Trust People Strategy and Leadership Academy and has been informed following a period of diagnostic work and information gathering. Additional scrutiny and validation of required action to support workforce has come through the Quality Improvement plan.

4.2 Approach to Workforce Planning

Development of the Workforce Plan

The workforce planning elements of the Operational plan have been developed by the Workforce Business Partners based in the Care Groups who are part of the senior operational leadership teams.

The combined Operational Workforce Plan is discussed and monitored through the Workforce Committee and the Finance and Performance Committee, both of which are sub committees of the Board, before final approval at Trust Board. Workforce risk and challenges are standing agenda items at Workforce Committee. The Care Group level workforce plans include mitigation of risk around delivery, with focus on earlier intervention and decision making if predicted outcomes begin to move from plan.

Workforce Planning

- Workforce planning is led by the Care Group Workforce Business partners and developed using the six-steps methodology to align service demand and changes, identify workforce required and map workforce availability.
- Care Groups review and sign off workforce plans every 6 months with additional regular review of actions planned to support Workforce Plan integration with delivery of performance and quality standards and targets.

- Financial plans for efficiencies and cost improvements and the five year plans as part of the STP and Sustainable Services Programme have been included.
- This year's development of our workforce plan has required focused discussion on the workforce required to support delivery of our quality improvement and activity plan following the outcome of the CQC inspection, and on the additional workforce required to support our capacity plan. There is a requirement for more intensive support for recruitment to permanent posts, investment in overseas recruitment programmes, opportunities to work differently (e.g. Therapy led ward) and support to develop increased risk appetite at service level to support over recruitment in a managed way;
- Plans are developed in partnership with the Finance teams within Care Groups to ensure that balance of workforce, finance, quality and safety are maintained.

Workforce Assumptions

- The Agency PSL strategy together with targeted retention actions will contribute to a reduction in agency costs in 2019/20
- 0 redundancies in 2019/20

Workforce Delivery

- A review of our in house Temporary staffing function, to include process review of recruitment, retention and reward structure.
- We have plans to improve retention of staff and reduce staff turnover
- We plan to deliver on our People Strategy
- We will continue workforce redesign through the introduction of new roles (e.g. ACPs, PA, Nurse Associates) to support the Strategic Services Plan of hospital reconfiguration
- To deliver the plan outlined using the current service models in place we are required to increase our workforce by 204.78 wte (3.67%) across a range of professional groups. The increase in staff can be seen at Appendix 5
- We continue to work towards seven day services

Workforce outcomes

- Reduce staff turnover from 10.5% to 9.5%
- An increase in staff engagement score from 6.6 to 6.8.
- Reduce sickness rates from 4.59% to 4.3%
- Improve appraisal completeness from 89% to 90% and
- Improve mandatory training completeness from 79% to 90%

Workforce risks

- We recognise that the additional workforce requirement within the plan is significant and there is a lack of confidence in delivery due to the workforce challenges we have experienced in recent years. We accept that there is further work required to understand alternative models of provision as well as continue to develop new roles and build on our recruitment success of recent months.
- We recognise that until we have a reconfigured hospital we will be unable to fully achieve the four priority standards for seven- day hospital services, however we continue to work towards seven day services throughout 2019/20.

4.3 Current Workforce Challenges

As highlighted above, there are a number of workforce challenges that we face. These include:-

- Supply of qualified nursing staff, especially in ED and medicine

- Supply of middle tier doctors and consultants in Ed and medicine
- Increase required in anaesthetic consultants and obstetric anaesthetists
- Availability of ODP's
- Availability of midwifery staff

Further detail regarding the impact of these challenges and the actions in place to mitigate can be found at Appendix 12

Workforce changes

Following operational planning the following developments have been identified:

- Increases in ED and medical specialities to support increased non-elective demand
- End of Life has been brought into Scheduled Care following CQC recommendations, and is now aligned with Palliative Care. During 2019/20 a business case will be drawn up to increase the staffing levels in this area.
- Increases in Chemotherapy staffing, following the business case
- An increase in demand identified nationally and locally in endoscopy
- an increase in Pathology to support implementation of Point of Care testing
- increase In Therapies to support movement toward 7 day working, developing the Frailty function, exploring alternative ward models to support activity such as a Therapy led ward in partnership with unscheduled care as well as
- Increase in staffing levels (Physiotherapist, Dietician) to support the improvement action in Critical Care.
- increase in Pharmacy to support the planned introduction of e-prescribing and increasing support over 7 days
- In Radiology we are looking to further build our consultant radiographer workforce, recruitment using an enhanced branding package which has proven successful in 2018/19 and will continue into 2019/20.
- Increased medical workforce capacity is required to support an increase in planned C-section activity however this is being explored through job planning efficiencies in the first instance.
- There are high level and overarching plans for the implementation of the Sustainable Services Plan for the Trust. These have been aligned with the Operational Plans for each of the care groups for the year of 2019/2020.

Care Group challenges and workforce risks

There are significant workforce challenges and risks within the Care Groups, which will impact upon the delivery of the workforce plan. Broadly, these are set out below and have not significantly varied from 2017 and 2018 risks. The Trust approach to mitigate these risks is also described below.

Description of workforce risk	Impact of risk (High, medium, low)	Risk response strategy	Timescales and progress to date
New posts identified in Workforce planning are predicated on the approval of business cases or externally funded developments. There are varying confidence levels on delivery which	High	WFP review at Care Group level on bi-monthly basis to track actions. Phased approach to recruit to manage financial risk with	

realistically, means that these		delivery to take a part year affect.	
The Trust has seen some improvement in recruitment numbers in 2018 -19, with further initiatives such as	High	Overseas recruitment underway. One stop shop for AHP and nursing staff. Focus on substantive recruitment rather than agency. Cultural improvement plan to improve retention in the first 12 months of employment.	Recruitment – overseas and one stop shop days to run throughout year.
Decreased staff satisfaction and staff experience contributing to workforce turnover	High	The Cultural improvement plan has been developed to underpin staff experience, leadership and management capability.	Approval in April Trust Board. First 6 month implementation plan in progress.

4.4 New Roles and Transformation

We continue to progress the use of our Apprenticeship levy and remain on trajectory to reach the target set by Health Education England (HEE) of 135 new starts by 2020. Workforce plans identify opportunities and we have a designated Apprenticeship lead who supports developments at service line. Currently we have 105 new starts within this year.

Our current strategy looks to maximise opportunities for growth in our apprenticeship numbers through turnover and supports clear progression routes for various staff groups e.g. pathology, nursing, business admin, medical engineering, chartered manager, facilities and estates

Currently the breadth of opportunities is growing and include clinical and non-clinical posts, our workforce plans identify the need to 'grow our own' and we have planned to use higher level frameworks where possible to support development.

We have a very active presence regionally and ensure we are aligned to all national strategies and best practice

The Trust has experience in successfully delivering new roles and new ways of working will continue with further recruitment of:

- Advanced Clinical Practitioners
- Extended or Advanced Practice across the disciplines focusing on Rehab Medicine and Frail Elderly Care.
- General Practitioners within acute medicine

And introduction of

- Midwifery support workers (band 3)
- OPD

The majority of these have been HEE funded roles, have been developed as part of our SSP workforce plan and are on trajectory to deliver in 2019-20 and onward. The five year plan can be seen at Appendix 13.

4.5 Agency Usage

E-roster continues to be introduced across Clinical and Non-clinical support services. The Trust is scoping the introduction of E- Job planning, and E – Roster for medics. It is anticipated that these will be rolled out in the next financial year. Test sites for e-roster have been identified with Anaesthetics and Obstetrics and Gynaecology leading this work.

Agency usage remains to be a challenge for the Trust. We have predicted a small decrease in reliance on agency staff, predominantly in Emergency Medicine and Acute Medicine to reflect the permanent recruitment strategy. However given the activity pressure predicted we will continue to work on the agreed Preferred Supplier List strategy for nurse agency usage was introduced in December 2017 in order to:-

- achieve NHSI capped rates
- remove all Off Framework usage and reduce Framework above cap
- manage performance of agencies by engaging with a small number of preferred suppliers and gain some control over the market
- reduce the number of preferred suppliers and take advantage of volume of business discounts
- assist in the delivery of the Waste Reduction Agency Cost target for 2018/19

The strategy to date has delivered a replacement of Thornbury usage and increased overall share of fill rate. However, the Trust's ability to control price has been challenging due to high levels of demand.

Throughout the next financial year, charge rates will be reduced incrementally and monitored to assess what the market can tolerate without adversely impacting fill rates.

Delivery of nurse agency spend reductions is directly linked to the ability to control demand which includes managing bed capacity and work on unavailability. Work is on-going to manage the 'fill rate' for each clinical area will continue with the expectation that this does not exceed 95% in 2018/19. If it does exceed 95% then there will need to be a corresponding reduction in the unavailability rate.

Standard Operating Procedures are in place for agency and locum use approval. Work is on-going to increase internal bank capacity, and improvement in booking processes through introduction of electronic booking will enhance the process. Weekly pay for bank staff was introduced at the start of the last financial year and has proven to be successful in increasing the number of shifts filled by Bank workers. Work is on-going to increase the number of agency nurses block booked to support continuity of care for patients. Further ways to implement Carter from a 'back office functions perspective' across the STP footprint is also being explored

4.6 Recruitment and Retention strategy

Internal recruitment processes have been reviewed using Value stream methodology from Virginia Mason Institute and have resulted in improved turn around in time to place following advertisement. We have also significantly improved our candidate experience from this approach.

The Trust has seen improvement in our recruitment numbers through use of improved social media and marketing presence, recruitment open days and one stop shops, bespoke recruitment events, bespoke application packs and international recruitment. As a Trust we have successfully recruited with the one stop shops for staff groups such as Radiographers, Biomedical Scientists, Nursing, HCA and Physiotherapist.

In addition, to support medical recruitment for ED, we have adopted an international recruitment model in partnership with a specialist agency specifically sourcing from India and UAE for middle-grade recruitment.

Part of workforce planning the care group are also reviewing the skill mix and explore different opportunities for new roles and new role developments.

Through 2019/20 there will be an increased focus of building a robust retention strategy utilising the evidence and tools from the joint NHSI/ NHS Employers work. We have a refreshed Organisational Development (OD) plan as a result of our completed cultural diagnostic. There is no single action that will resolve our staff retention issues; retaining staff is a result of the combined actions that are taken by our organisation. Our focus will be on:

- Further work on our organisational values and culture
- Supporting new starters
- supporting flexible working
- Development and career planning
- Flexible retirement options
- Building line manager capability

Provide a comprehensive and meaningful response to staff survey results, acknowledging positive and negative themes

4.7 Volunteering

Volunteers play an important role within our hospitals at The Shrewsbury and Telford Hospital NHS Trust, working alongside staff in a variety of different departments. We offer many different volunteer roles, from volunteering on a ward or outpatient department to administrative roles. Volunteers provide non clinical support to our patients, their relatives and visitors to our hospitals. Our volunteers come from a diverse range of backgrounds and we really value the different skills, outlooks and experiences that our volunteers bring to the organisation. We have approximately 800 volunteers giving their time to patients, visitors and relatives at both Royal Shrewsbury Hospital and the Princess Royal Hospital.

5. Transformation

5.1 Sustainable Services Programme

2018/19 was a pivotal year for our Sustainable Services programme with the completion of a wide public consultation on the preferred option. The consultation resulted in the preferred option (RSH Emergency site, PRH planned care site) being supported, endorsed by the joint committee of Shropshire CCG and Telford & Wrekin CCG at their decision making board in February 2019. Following trust Board approval on 7th February 2019, the Strategic Outline case was submitted to NHSI on 14th February with an approval timeline for NHSI Resource committee of 11th June 2019.

Following a successful 3P event where clinical and managerial staff worked together to develop the clinical model and recommend key clinical adjacencies, additional overview groups are being established to focus on specific care pathways to ensure that the work of individual speciality task and finish groups are consistent with the guiding principles that emerged through the 3P event.

The outline business case is being developed and is expected to be presented to Trust Board in the summer of 2019.

5.2 Digital transformation

The current Patient Administration System (Semahelix) contract ends in March 2020 and there are currently over 150 different IT systems in use across the organisation. The organisation is therefore ready to progress the digital transformation agenda and is making preparations for implementation of a full electronic patient record in the next three to five years. The digital roadmap can be found at Appendix 14.

An EPR Outline Business Case, and an IT infrastructure assessment have been prepared with support from PA Consulting and more detailed work is required to understand the level of

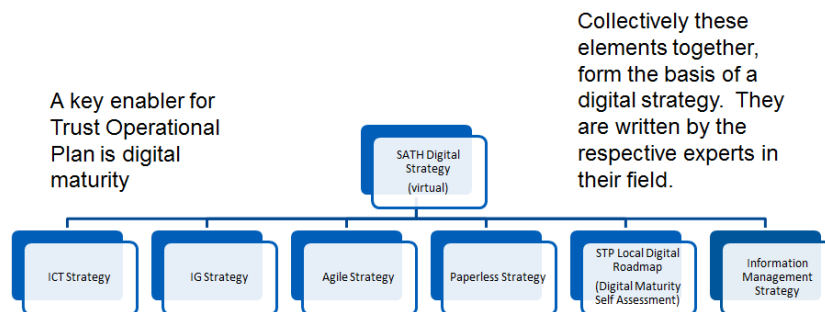
investment required to deliver the required infrastructure changes that will provide a strong foundation for the transformation.

SaTH were successful in the STP collection of bids from NHS England's 'Health System Led Investment' (HSLI) fund during 2018/19 to:

- Support EPR OBC development
- Buy the servers and server licenses for a new data warehouse
- Support an A&E Options appraisal to establish whether or not it is viable to digitise A&E ahead of EPR or not

A further bid will be made for continued data warehouse development from HSLI in 2019/20.

The Trust are in the embryonic stages of getting a shared understanding around strategy and organisational structure for the digital agenda, so papers around the merits of bringing IM and IT together, and the principle around the different elements to a digital strategy are being discussed at a senior level.



Once we have a shared level of understanding and some foundation agreements in place about strategy, funding and organisational structure (including digital leadership), the Trust will be in a better place to move forward on a stable footing.

5.3 Estates Strategy

There is a recognition from all parties that the current estate is not adequate to deliver sustainable 21st century services, which resulted in the award of £132m to support the build of new accommodation at both hospital sites. Whilst the planning for the new build continues there are legacy backlog maintenance issues that do require attention in order for services to be delivered in a safe environment. There are identified regulatory requirements within the estates plan that have been included within the priority list for funding pressures, most notably around fire safety.

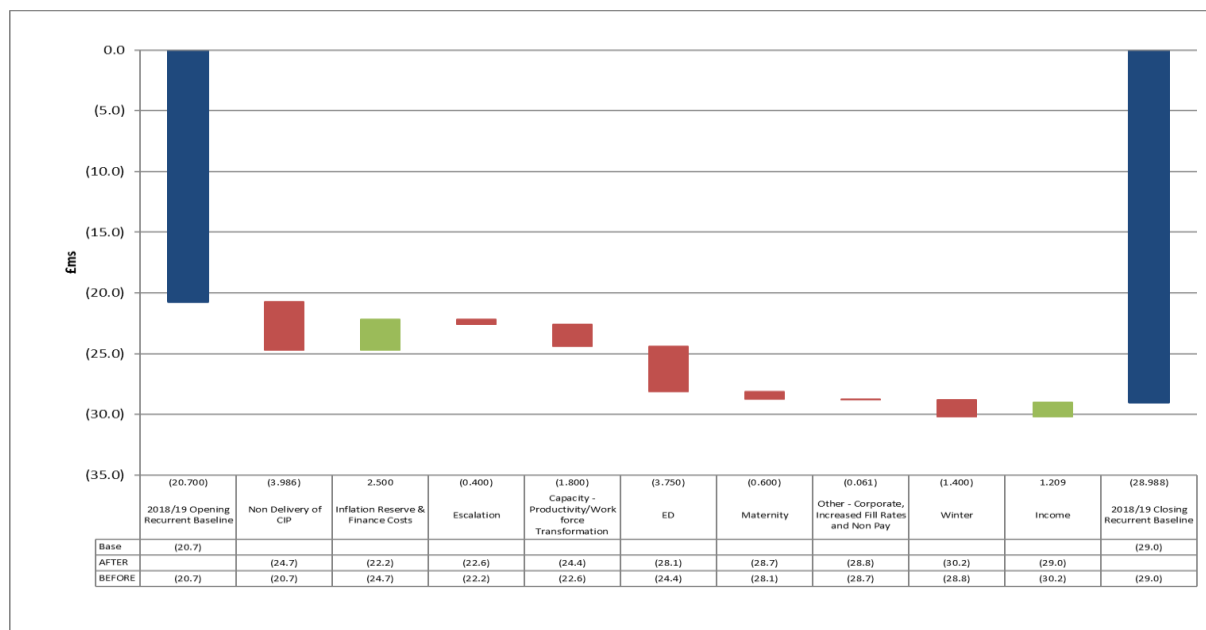
6. Finance plan

The combined effects of increased levels of activity, workforce difficulties and the need to respond appropriately to the requirements placed upon the Trust by the CQC following inspection have understandably heavily influenced the shape of the Trusts budget for the 2019/20 financial year. This section summarises the financial strategy document and the construction of the 2019/20 budget. Specifically it describes:

- how the recurrent position of the Trust worsened during the year, and
- a volume of spending commitments that are necessary to enable the Trust to respond to increased levels of activity and better manage its quality and safety risks.
- A summary of the use of Model Hospital can be found at appendix 15.

In doing so, the paper also describes the progress the Trust is making in respect of its waste reduction programme and also how its plans compare with the financial performance expectations that have been placed upon the Trust by its regulator NHSI.

The 2019/20 budget is then incorporated into a revised medium term financial model to determine



the financial impact arising from:

- 2018/19 and 2019/20 spending commitments,
- recent changes to NHS funding (through revised National Tariffs); and
- a more recent understanding of key variables within the Sustainability Services programme

6.1 2018/19 financial year

The Trust began the 2018/19 financial year with a recurrent deficit amounting to £20.7 million, during the course of the year the scale of the recurrent deficit has risen to £29.0 million, as illustrated in the bridge diagram below.

6.2 2019/20 financial year

The effect of the above has meant that the Trust enters the 2019/20 financial year amounting to £29.0 million. In developing the 2019/20 budget, consideration is made of:

- Additional funding requests, and
- Inflationary pressures and cost improvement delivery

Additional funding requests

In developing the budgets for the 2019/20 financial year the approach adopted has been to build budgets based upon conversation with budget holders so as to reflect their understanding of the level of additional funds that they would wish to receive in the 2019/20 financial year.

It is possible to categorise the requests for additional funding into a series of categories, as presented in the table below.

	Recurrent	Non Recurrent	Total
	£ms	£ms	£ms
2018/19 Closing Recurrent Baseline	(29.0)	0.0	(29.0)
Capacity Issues	(7.7)	1.4	(6.3)
CQC Must Do's	(2.9)	1.4	(1.5)
Risk Scores > 20	(1.1)	0.5	(0.6)
Items already approved	(4.1)	2.6	(1.5)
Regulatory Compliance	(0.4)	0.0	(0.4)
Residual Pressures not yet Categorised	(5.1)	0.5	(4.6)
Residual Pressures Income Backed	2.0	(0.9)	1.1
<i>Sub Total 2019/20 Pressures</i>	<i>(19.3)</i>	<i>5.6</i>	<i>(13.7)</i>
Total Proposed Recurrent 2019/20 Position	(48.3)	5.6	(42.7)
Demographic Gain	5.6		5.6
Total Proposed Recurrent 2019/20 Position Including Demographic Gain	(42.7)	5.6	(37.1)

As can be seen the recurrent value associated with the additional funding amounts to £19.3 million and in doing so increases the scale of the Trusts recurrent deficit to £42.7 million. It is recognised however, that this increase will not occur immediately from the 1st of April 2019 and as such a level of non-recurrent gain will occur in the 2019/20 financial year. Adjusting for the Non recurrent gain reduces the in-year deficit to £37.1 million.

Cost Improvement Programme

The cost improvement target for the 2019/20 year requires the Trust to deliver savings to cover the expected level of expenditure inflation after allowing for the funding provided through Tariff. The level of cost improvement that is required therefore amounts to £4.2 million, expressed as a percentage of turnover (used by NHSI to determine appropriateness of scale of ambition) this produces a CIP target percentage of 1.1%.

In setting the Trust's control total for the year the Trust as a challenged financial organisation is required to supplement its internally generated target with a further sum of £1.7 million. Consolidating the additional sum then results in the Trust being required to deliver cost efficiency savings in the year amounting to £6.0 million or 1.5%.

In order to achieve the Control Total, the scale of savings required amounts to £18.9m. The Cost Improvement Programme has been developed via the Waste Reduction Group and the Senior Leadership Team. Described below is the Cost Improvement Programme for 2019/20. This represents a challenging scale of cost improvement for the Trust. Progress on delivery will be monitored via the Waste Reduction Group.

Schemes	£m
Care Group CIP schemes (Green)	1.1
Procurement CIP schemes	2.0
Frailty funding	0.9
SSP Staffing Capitalisation	0.5
New post external funding	0.1
19/20 Development phasing (PYE saving)	0.9
Sath to Home	1.3
Balance Sheet flexibility	1.2
Income inflation	1.8
STP OPD/Elective schemes	1.0
Sub Total	10.7
Further Opportunities being developed	
Further 19/20 Development phasing (PYE saving)	0.9
Care Group Amber/Red Schemes	3.3
GIRFT	3.0
Sickness/Clinical efficiency	0.5
Medicines spend	0.3
Other	0.1
Other Schemes	8.1
Total	18.9

Agency spending

In the 2019/20 financial year, the Trust will be required to work towards reducing the level of agency spending so as to be consistent with the agency ceiling target issued by NHSI, currently the Trust is presenting an adverse variance of £5.5 million away from the agency ceiling. During the 2018/19 year, workforce pressures, particularly related to ED, resulted in the level of agency spending increasing and is estimated to amount to £17.1 million. Further spending commitments identified for 2019/20 lead to a further increase in agency spending and it is now anticipated that agency spending in year will amount to £19.1 million.

	Forecast Outturn	Indicative	Variance
	2018/19	Agency Spend	
	£000s	£000s	£000s
Consultants	(2,958)	(4,500)	(1,542)
Medical Staffing	(4,312)	(3,075)	1,237
Non Clinical	(34)	(34)	0
Nursing	(9,316)	(11,084)	(1,769)
Other Clinical	(464)	(452)	12
Total	(17,084)	(19,146)	(2,062)
Agency Ceiling	(10,559)	(14,232)	(2,582)
Variance	(6,525)	(4,914)	520

Summary financial position and control total

On the 15th January 2019 NHSI issued the Trust with a control total for the year of £17.351m. The table below describes from the Trusts opening financial position and the key financial

commitments in order to achieve this control total that were agreed by the Senior Leadership Team.

	Recurrent	Non Recurrent	Total
	£000s	£000s	£000s
2018/19 Closing Recurrent Baseline	(28,988)	0	(28,988)
Capacity Issues	(7,717)	1,441	(6,276)
CQC Must Do's	(2,902)	1,421	(1,481)
Risk Scores > 20	(1,070)	500	(570)
Items already approved	(4,121)	2,586	(1,535)
Regulatory Compliance	(352)	0	(352)
Residual Pressures not yet Categorised	(5,083)	464	(4,619)
Total Investment	(21,245)	6,412	(14,833)
Income Backed Residual Pressures	1,972	(856)	1,116
Demographic Gain	5,600		5,600
Inflationary shortfall - Risk	(1,808)		(1,808)
Total Proposed 2019/20 Position pre Support	(44,469)	5,555	(38,914)
Control Total (Rebased baseline position excluding Support)			(24,170)
Variance			(14,744)
Control Total Adjustments			
Tariff Adjustment (including inflation and 1.1% CIP requirement)	5,096		5,096
Additional CIP	1,723		1,723
Other Adjustments			
Additional 1.5% CIP	5,950		5,950
Inflationary shortfall - Risk Review	1,808		1,808
Further Management Action		6,986	6,986
Total Proposed 2019/20 Position	(29,892)	12,541	(17,351)
Control Total post additional efficiency			(17,351)
Variance			(0)

In order for the Trust to achieve a balanced financial position, the scale of the Cost Improvement Programme amounts to £18.9m. In addition the Trust will receive Central Funding amounting to £17.4m.

The effect of signing up to the delivery of the control total, means that the Trust will receive central funding to enable an Income and Expenditure balanced position to be achieved. These elements are notably marginal rate emergency threshold (MRET), provider sustainability funding (PSF) and financial recovery funding (FRF) which provide a combined value of £17.4 million.

Whilst the Trust has signed up to deliver PSF, it protects the Trust from Commissioners imposing a number of penalties for non-delivery of national targets. However, there remain a small number of targets where non-delivery could result in financial penalties being imposed; based upon Trust performance in 2018/19, if such a level of performance re-occurred in 2019/20 this would adversely impact upon the Trust to a value of c£0.7 million.

Overall income and expenditure budget

The income and expenditure budget for the 2019/20 year is presented in the table below:

	2019/20			2018/19 Forecast Outturn	Change
	Recurrent	Non Recurrent	Total	Total	
	£000s	£000s	£000s	£000s	
Income	377,286	0	377,286	361,763	4.29%
Pay	(281,500)	3,227	(278,273)	(256,376)	8.54%
Non Pay	(118,466)	(2,672)	(121,138)	(115,906)	4.51%
Total Expenditure pre Efficiency	(399,966)	555	(399,411)	(372,282)	
Waste Reduction / Efficiency Gains	11,914	6,986	18,900		
Total Expenditure post Efficiency	(388,052)	7,541	(380,511)	(372,282)	2.21%
EBITDA	(10,766)	7,541	(3,225)	(10,519)	
Finance Costs	(19,126)	5,000	(14,126)	(13,463)	4.92%
Surplus/(Deficit) pre corrective Actions and Central Funding	(29,892)	12,541	(17,351)	(23,982)	
MRET,PSF and FRF	4,758	12,593	17,351	1,032	
Surplus/(Deficit) post corrective Actions and Central Funding	(25,134)	25,134	0	(22,950)	

6.3 Risks associated with the 2019/20 Plan

Inflation shortfall risk – The Trust has identified a £1.8 million shortfall within its overall inflationary uplift when compared to the national non pay assumptions and as such has had to scale back its internal assumptions (original assumption was based on historical trends) to accommodate this risk.

Review of capital expenditure – The Trust has made the assumption that further revenue costs can be capitalised in year and whilst we have assumed a level of this within our capital resource limit it limits the amount of contingency the Trust holds for its ageing estate, IT infrastructure and backlog issues.

Review of developments (phasing) – Within the revised position, the Trust has assumed a level of ‘development freeze’ for the first quarter of the financial year. This slippage generates a potential £0.8 million of savings in year however, there may be a requirement to fast track some of these developments. A resulting action from the Waste Reduction Group on 24th April 2019 was for each care group and corporate lead to undertake a review of the developments and confirm a profile and implementation plan, thus validating the potential £0.8 million savings.

Care home beds to be funded by the system – conversations to take place around support from the health system to manage additional demand.

STP wide efficiency review/gain share – This includes a review of emergency admissions (including 0 day) and outpatient activity which has not to date been factored into contract discussions. The Trust would be required to make significant expenditure savings and negotiate with the health system a gain share from the potential system benefits from reducing activity levels.

Contingencies – The Trust’s financial plan does not hold a level of revenue contingencies and therefore any slippage in the savings schemes or additional in year pressures identified will require rectification in year.

CCG financial recovery plan – Shropshire County CCG and Telford and Wrekin CCG have indicated that their expectation is for local QIPP schemes to reduce income by £5.4 million.

Welsh tariff – The financial plan assumes that the Trust’s Welsh commissioners will pay as per national tariff; this is estimated to be a growth of £1.5 million above 2018/19 levels. The Trust is currently awaiting a formal position statement from its Welsh commissioners however, informally the Trust has heard that some commissioners will pay at 2018/19 levels only.

Delivery of CIP – On top of those savings identified above through the review of the initial planning assumptions (£6.9 million) the Trust is required to reduce spending by £12.0 million, presently only £1.1 million of this sum is classified as low risk, £4.9 million as medium and high risk with a further £6.0 million unidentified. Work is ongoing to move schemes into a state of readiness whilst also reviewing further opportunities such as sickness levels and agency spend.

Workforce – The Trust loses its ability to negotiate with agency suppliers due to an increase in demand for workforce to cover 2019/20 developments and puts at risk maintaining a reduced tier 5 policy (where tier 5 is only used in extenuating circumstances) and existing fill rates.

Workforce planning – A credible and deliverable workforce plan is to be constructed to sit alongside each of the key developments, in particular those related to capacity to ensure deliverability. Without assurance that the workforce can be met, additional capacity cannot be opened and there will be a requirement for further work with the health system around how non elective demand is managed.

Developments/Investments – The Trust does not have the agreement to overspend and is required to deliver a breakeven position in the 2019/20 financial year. For this reason the profile and implementation of investment will need to be considered alongside the appropriate level of delivered cash releasing efficiencies to ensure the required financial position is met. It is recommended that savings are monitored through the Waste Reduction Group and investments considered and prioritised only upon confirmation that savings have been delivered.

Impact on medium term financial plan – The additional £6.9 million savings found in order to deliver a breakeven position are non recurrent in their nature and for this reason the Trust still expects to deliver the future financial positions as presented in appendix 1.

MRET, PSF and FRF (a combined value of £17.4 million) – In order to receive these sums of money the Trust will be required to meet the NHSI control total.

In summary the Trust has identified a plan to meet its obligations under the control total. Support from NHSI/E is arriving in the first quarter of the financial year to help support the necessary pace required to deliver this programme.

Negotiations continue with the system on risk/benefit share and will need to be agreed to fully realise the ambition of this plan.

This remains a very ambitious plan set against historic delivery and other challenges facing the Trust, but is achievable with the right system and regulator’s support.

6.4 Medium term financial strategy

The continuing ability to take forward the SSP programme is conditional upon the Trust being able to demonstrate at the completion of the project the Trust is able to progress with an income and expenditure recurrently balanced position.

The medium term financial strategy has been reconstructed to reflect:

- Nationally defined changes introduced for 2019/20,
- SSP delivery, and
- The Trust's 2019/20 financial plan.

Nationally defined changes

Understanding the nationally defined changes as they relate to a medium term financial plan, require at this point a series of assumptions. In the Trusts modified medium term financial strategy, the Trust has assumed:

- Demographic growth – increased to 2.8% throughout the planning period (previously the Trust had prudently assumed 2.5% in the last two years of the planning period),
- Inflation – assumption that the uplift applied in the 2019/20 financial year is replicated across the years 2020/21 to 2023/24,
- Provider support funding – the Trust had assumed the receipt of provider support funding on a non-recurrent basis until the year 2023/24 when the provider support fund was then assumed to be converted into a recurrent income stream. This somewhat prudent assumption was adopted because whilst it was expected that provider support funding would over the planning period be incorporated into Tariff, it wasn't known when this change would take place. In 2019/20 a proportion of provider support fund has been used to underwrite tariff increase and since the Trust then assumes this scale of increase to progress cumulatively over the planning period it then becomes necessary to remove the badged provider support fund both recurrently and non-recurrently.

SSP revenue funding

The SSP recognised that to support its delivery would require revenue financing to be put in place in the revised medium term financial plan. The changes outlined below are associated with the SSP:

Recurrent changes

- Financing costs – it was recognised that in order to support the finance costs of the scheme once fully operational it would be necessary to recognise a recurrent growth in finance costs amounting to £12.0 million. This growth has been incorporated into the recurrent financial position of the Trust progressively since 2015/16. By 2019/20 £5.0 million of the recurrent growth in finance costs has been recognised within the Trusts income and expenditure budget.
- EPR system – as with financing costs the medium term financial strategy introduces progressive increases in a recurrent commitment to underwrite the implementation of the EPR system. In the previous model, the finance plan for 2019/20 was expected to generate recurrent funding amounting to £1.0 million with this rising to £3.0 million in 2010/21. Recent work completed by PA points to a need to generate recurrent savings internally to support a recurrent cost pressure for the new system of £4.5 million and as such the following amounts have been factored in:

	2019/20	2020/21	2021/22	2022/23	2023/24
	Recurrent	Recurrent	Recurrent	Recurrent	Recurrent
	£000s	£000s	£000s	£000s	£000s
IT System	0	(2,000)	(3,000)	(4,500)	(4,500)

- Workforce cost savings – the trust plans suggested in the previous iteration of the medium term financial strategy that savings amounting to £14.2 million could be realised through SSP. More recent information now suggests a figure of £14.0 million.
- Inflation – Capital development – The medium term financial strategy had assumed an “off balance sheet solution”. Over the years 2018/19 onwards the Trust has recurrently inflated its finance costs at a rate of 3.8% to support a unitary charge based upon an inflated capital sum.
- Demographic growth – The new model of service delivery assumes a growth in activity requiring increased diagnostic capacity of 20%. The demographic growth reserve is assumed to support the cost of purchasing this additional capacity through a managed service arrangement.
- QIPP savings – The previous medium term financial strategy assumed the loss of income in respect of CCG QIPP amounting to £11.0 million, with the expectation that these schemes will realise a cost reduction of £5.5 million. More recent information produced by the two local CCGs in response to their financial challenges indicates that the scale of cost reduction required will be much greater (upwards of £18.0 million has been mooted). At this point limited knowledge exists to support the CCG ambitions. Increasing the scale of such an activity reduction if deliverable would potentially impact upon the continued ability to deliver certain Trust services and may require a recodification of the scale of the SSP development. At this stage however, despite there being no real understanding of how the scale of change will be effected, the medium term financial strategy assumes a loss of income in respect of CCG QIPP amounting to £18.0 million, with the expectation that these schemes will realise a cost reduction of £9.0 million.
- Contingency – The complexity of the scale of change being introduced is such that in establishing the medium term financial strategy it was concluded that a level of contingency reserve would need to exist. The level of this reserve is currently modelled at £5.0 million and it is recommended that this contingency reserve continues until greater certainty exists in respect of cost savings.

Non recurrent spending

It is recognised that to support the scale of change associated with SSP that significant levels of funding would need to be spent on a non-recurrent basis.

- Workforce – The shift to new working roles required to support the recurrent workforce changes will require training and parallel running. The medium term financial strategy has established a contingent reserve to be spent non recurrently. £2.0 million is assumed necessary in 2019/20 rising to £3.0 million from 2020/21 to 2022/23.
- EPR system – Implementation of the EPR system is expected to require non recurrent spending of £1.0 million in the year 2020/21 and 2021/22. Though this will need to be revisited based upon the PA work.

With all of these changes in place, in order to deliver an end of SSP project recurrent income and expenditure position that delivers a balanced (or better) position requires a level of efficiency savings to be achieved. The level of cost improvement needing to be delivered is presented below:

	£000s	%
2019/20	13,709	3.57%
2020/21	7,823	1.75%
2021/22	8,399	1.75%
2022/23	9,007	1.75%
2023/24	9,650	1.75%
Total	48,589	

It can be seen that there is a requirement to deliver £48.6 million cumulatively by year 2023/24, with a 3.6% target in 2019/20 and a 1.8% target thereafter.

Applying these assumptions produces the following:

	Recurrent	Non Recurrent	Total
	£000s	£000s	£000s
2018/19	(28,970)	6,020	(22,950)
2019/20	(25,134)	797	(24,337)
2020/21	(22,104)	14,593	(7,511)
2021/22	(16,547)	14,593	(1,954)
2022/23	(10,940)	15,593	4,653
2023/24	2,730	0	2,730

The Trust entered the 2018/19 financial year with a recurrent deficit of £20.7 million however, now concludes the year with a recurrent deficit of £29.0 million. In taking forward the developments in the 2019/20 financial year and the plans to reconfigure services and upgrade the Trusts two hospital sites, over the period 2018/19 – 2023/24, it is necessary for this shortfall in the recurrent financial position to be addressed.

6.5 Capital Programme 2019/20

The condition of the Trusts existing Infrastructure defined as Estate, Medical Equipment and IT equipment continues to be of concern. Within the Trusts SSP Strategic Outline Case there are plans to address the backlog issues relating the Trust’s Estate. However, with the continued delay in receiving approval for the Business Case, the condition of the Estate continues to deteriorate.

The table below illustrates the risks that are described as Priority 1 by the departmental heads:

Departmental Priority 1 Schemes	2019/20	2020/21	2021/22	2022/23	2023/24	Total
	£000s	£000s	£000s	£000s	£000s	£000s
Estates Risks Priority 1 (on-going assumed same as 2019/20 - dependant upon SSP)	2,485	2,485	2,485	2,485	2,485	12,425
Medical Equipment Replacement Priority 1 (current P2/4 years)	1,364	1,405	1,405	1,405	1,405	6,984
IT Replacement Priority 1	266	138	241	241	241	1,127
Radiology Replacement Priority 1 (not included - revenue solution)						
Total Priority 1 Schemes	4,115	4,028	4,131	4,131	4,131	20,536

As can be seen, there are £4.1 million of schemes which require funding in 2019/20, with a total of £20.5 million over the five year period.

The level of funding available to the Trust is limited to the Trusts Capital Resource Limit (CRL). In 2019/20 this has been set initially to £10.5 million. In line with previous years, and given the scale of infrastructure risk, the Trust has continued to adopt an approach where:

- Priority is given to spending in areas where there is deemed to be high clinical/operational risk and,
- A level of contingency is held due to the scale of backlog issues. Holding contingency funds enable the Trust to respond to unpredictable capital problems. These contingencies have been allocated based on historic values and have been increased to include three new contingencies for 2019/20:
 - a. Radiotherapy (as agreed at CPG/PC) for in-house maintenance of Linear Accelerators £0.1 million,
 - b. Gemba Walk Contingency of £0.1 million and,
 - c. Estates Compliance Reports to inform the Capital Programme £0.1 million.

The summary capital programme for 2019/20 is as follows:

Selected High Risk Areas	2019/20
	£000s
Estates Priority 1 – Continuation of Fire Safety Programme (as per Estates Condition Survey)	291
Estates Priority 1 – Continuation of Subway Duct works (including works required for Road Adoption by Council)	950
IT – Priority 1 Continuation of Storage Solution	450
Contingencies	3,550
Pre-committed Capital Schemes	1,550
Endoscopy Suites Reconfiguration	1,300
Uncommitted	2,359
Total	10,450

The above table shows an uncommitted value of £2.4 million. This uncommitted value is being held to cover those items listed below and in addition is anticipated to cover additional resource associated with the SSP. However, it is important to note the capitalisation of any costs associated with the SSP project will need to adhere to NHS capital criteria as specified within the NHS manual of accounts.

It should be noted that there are many issues that are known, but for which there is no allocation currently included, these include:

- Use of Ward 35 - initial option to transfer the Oncology Ward
- PRH Bed Capacity - additional ward at PRH
- Head & Neck Theatres (Theatres 10&11)/ED space
- If current services delivered in Head & Neck Theatres changes the Trust would need to reprovide a delivery area for diagnostic and minor ops (e.g. Oral/Max Fax & Urology)
- Maternity Ultrasound Scanners - following on from 2018/19 (this will be considered as part of the overall Ultrasound Scanner Strategy)
- Medical Records Relocation (off site storage - capital refit to requirements)
- Actions from CQC visit (e.g. Mental Health compliance in A&E)
- Copthorne Building Fire Safety requirements as per Regulation Notice
- Further investment in the Data Warehouse – Health System Led Investment (HSLI) funded year one of a three year programme
- Scan for Safety Project
- Electronic Patient Records

It should also be noted that in line with last year's financial strategy there is no capital allocation for the replacement of the CT Scanner at PRH nor the replacement of High Value Diagnostic Equipment as a revenue solution is being sought for which the financing options are currently being appraised by external advisors.

In addition to the above Internally Generated Capital within the 2019/10 Capital Plan, the Trust has included £8.0 million in respect of drawdown for the SSP allocation for enabling works and professional fees. Discussions are on-going with NHSI regarding this drawdown.

6.6 Conclusion

The Trust has been set a Control Total target by NHSI to achieve a deficit in the 2019/20 year (excluding PSF, FRF and MRET funding) of £17.4 million. The Trust has submitted to NHSI a financial plan that demonstrates it can deliver to this control total.

In order to achieve a balanced position, it will be necessary for the Trust to generate Waste Reduction savings of £18.9 million equivalent to a 4.7% reduction in expenditure budgets. This represents a significant challenge for the Trust.

The Trust financial difficulties in the 2019/20 year arise because:

- in the 2018/19 financial year, approved spending commitments increased the recurrent deficit by £8.3 million; and,
- new spending commitments are planned for the 2019/20 year amounting to £19.3 million however, £5.6 million is offset by increased income associated with demographic change, resulting in new year pressures of a net £13.7 million.

The Trust's medium term financial plan has been overhauled to reflect a revision of National Tariffs and a more recent understanding of Commissioner QIPP savings requirements. The plan has also been adjusted to reflect recent calculations in respect of workforce savings and the work undertaken by PA management consultants that describes the cost of introducing an EPR solution.

The medium term plan continues to chart a path to greater sustainability for the Trust through the reconfiguration of its clinical services. Doing so enables the serious capital backlog estate difficulties to be addressed and returns the Trust to an income and expenditure surplus financial position (£2.7 million).

An examination of the Trust's estate and equipment issues confirms that the level of backlog risk cannot be addressed through the use of Internally Generated Capital funds and that instead alternative financing solutions will need to be found in order to support the replacement particularly of high cost diagnostic equipment. In the 2019/20 year the Trust will once again need to establish sizeable contingency resources in order to be able to respond to the anticipated regular albeit unplanned need throughout the year for capital work to be completed and equipment replaced.

The Trust's in-year cash position is secure providing it delivers its operational and financial plan. Should the Trust not achieve its targets, then there is likely to be an adverse impact on the Trust's cash position, which could result in a cash shortfall of £30.3m. In such circumstances, there would be a need to secure authorisation from NHSI to underpin the deficit with an equivalent level of cash support.

7. Link to System Transformation Plan

The Trust's Operational Plan is linked directly to the Sustainability and Transformation Plan as well as other programmes and change initiatives within the Trust and local health system. A new independent chair has been appointed to the STP to provide oversight, challenge and support to move the system forward and support delivery of the Long Term Plan.

A system Leadership group has been developed with representation from all partners to support senior decision making and alignment across the partnership. The Trust is an active member of the STP process and has senior representation at SLG, Partnership Board and Operational Group.

The STP has set out 4 priorities, and the Trust are clearly aligned to these priority areas as can be seen below:-

Going Local

SaTH have supported collaborative approaches to delivering the system ambition of Home First and Care Closer to Home through 2018/19 and this will continue through 2019/20. As stated earlier in the report, our Sath2Home team have expanded in the winter of 2018/19 to be able to support

more people across Shropshire & Telford. We anticipate maintaining this expansion through 2019/20 as there are clear benefits to patients in returning home sooner with low level support until their care package can be initiated.

- Our collaborative frailty model at RSH has been evaluated successfully and there is support across the system for the same approach to be developed in PRH. As such we are recruiting individuals to work at the front door in PRH and to provide the wrap around support for frail patients who are medically stable in order to prevent their admission into the bed base.
- The therapy teams from SaTH and ShropComm have worked together as part of their response to the national AHP Into Action framework. They have signed up to the AHP Supporting Flow Improvement Collaborative with the aim of reducing the length of time a person is away from their home by 1 day
- A stroke improvement programme has been initiated in order to ensure that patients who require rehabilitation following a Stroke can review more of this intensive rehabilitation in a community setting, thus reducing length of stay for this cohort of patients. The working group membership includes representation from SaTH, ShropComm, Powys and Social Care.
- SaTH have worked with ShropComm to develop pathways for people who require IV antibiotics but could receive these in a community setting. This work will continue through 2019/20.

Shropshire CCG have a significant programme of work focussed on improving the community offer for people with long term conditions, with the aim of reducing attendances and non-elective admissions for this cohort. SaTH have representation at the locality groups, working groups and programme board and are committed to collaborating in order to identify appropriate people to be part of the cohort for targeted interventions and working with system partners to develop appropriate methods of information exchange.

Safe and Effective Hospital Care

Following a period of extensive public consultation, the Joint committee of Shropshire and Telford & Wrekin CCGs approved the option of PRH becoming a dedicated planned care site and RSH becoming a specialist emergency care site, along with 24 hour urgent care centres being available at both sites.

A strategic outline case is being submitted to NHSI in March 2019, with work progressing on the development of the outline business case which will be presented to Trust Board in June 2019.

The two CCG's are currently developing a service specification for the provision of Urgent Treatment Centre functions on both sites which will be operational by September 2019. SaTH are preparing to collaboratively bid for this with partners in order to provide a robust service offer for our population.

Into the Future

We recognise that our current Patient Administration System and many locally developed digital solutions are not what we need to deliver the best care in the future. We are therefore committed to developing an EPR solution over the next five years, so that when we move to our new accommodation the IT solution will enable improved ways of working for our teams. Throughout the development we will be considering the inter-operability of this system so that future collaborative working across the system will be supported by any digital solution we choose.

Staffing and financial challenges

Workforce redesign and opportunities for collaborative appointments is a key theme for us over the next five years as we move towards our new hospital reconfiguration. We have a number of examples of appointing staff that are working across traditional organisational boundaries such as pharmacy technicians working with the CCG care home teams, end of life facilitators working with primary care, community and secondary care teams, specialist nurses working across acute and community pathways. We are developing new workforce roles such as physician's associates, nurse associates, ACP, ECP roles as we recognise these will significantly enhance our future workforce. Additionally we have recruited clinical fellow roles and are developing a CESR programme so that we can support doctors in training to move to consultant level roles in the future.

8. Summary and Conclusion

This narrative provides the detail of our focus through 2019/20. We recognise that now is the time to develop the strong foundations for organisational and system success, so that we deliver high quality, kind and safe care this year and as we develop our new model of care for working in our new hospitals.


Our three key objectives for 2019/20 are as follows:-

- Move out of Special measures
- Achieve our performance trajectories for ED/RTT/Cancer/Diagnostics
- Achieve our agreed control total

We have agreed to set a realistic operational plan that is signed up to by all our Care groups and corporate teams, with an expectation that by delivering against these objectives and trajectories we will move out of special measures, and as such we recognise that we need to re-establish our organisational reputation for delivering what we say we will.

There is further work to do to model the improvement actions against our performance trajectories. This will be completed for the final submission. Performance against the developed trajectories will be monitored through the Performance Committee and reported through to Trust Board on a monthly basis.

Appendix 1. Progress and Achievements against 2018/19 objectives





Trust Objective	Progress and achievements
<i>Ambition 1: Improve our patient care processes to create empty beds to stop boarding of patients</i>	
Ring-fence AEC & CDU capacity in order to optimise same day Emergency Care 	SaTH has experienced a challenging year in relation to demand within elective care. As a result of pressures on both sites the Trust has been unable to consistently ring fence the Ambulatory care areas at all time To combat this and to fully utilise same day care an RPIW on the use a criteria of CDU has been booked for early in the new financial year. This will bring together a range of stakeholders to analyse root cause problems and develop PDSA opportunities.
Stream patients effectively, Finalise the Urgent Care Centre at PRH and address the Urgent Care Centre deficiencies at RSH	The UCC new build at PRH was finalised and in use in November 2018 CCG's and SaTH are working with GP streaming providers at both Royal Shrewsbury and Princess Royal to improve service throughput with potential access to diagnostics and further clinical pathways. A new UTC contract is being developed by the CCG's – the new contract will be implemented in 2019/20




<p style="text-align: center;">AMBER</p>	<p>The Advanced Nurse Practitioners have completed their training and have developed improved pathways for the minor stream both at RH and RSH. This has resulted in much improved performance for minors.</p> <p>There has been an additional 16 Nurses recruited in month to improve the workforce position within ED.</p>
<p>Deliver the SAFER programme objectives (inc. RED2Green & Criteria Led Discharge)</p> <p style="text-align: center;">GREEN</p>	<p>The SAFER programme has been implemented effectively at RSH resulting in a reduced length of stay on this site, a 15% improvement on patients over 7 days and a 37% improvement on patients over 21 days remaining in hospital.</p> <p>Criteria Led discharge has not yet been fully implemented and further focus on this in 2019/20 is required.</p> <p>Pre 12 discharge is currently at 17%.</p>
<p>Realise the full potential of SaTH2HOME</p> <p style="text-align: center;">GREEN</p>	<p>SaTH2home was launched during 2017/18 and was further developed through 2018/19 utilising learning from its first operational year. To date 2241 total discharges have been facilitated since launch within the service allowing for additional flow through the bed base. 40 complex discharges per week are coordinated and progressed by the SaTH2Home team and this is something that the organisation will be building on during the coming year. An increase in SaTH2Home capacity has also greatly supported maintaining improvement throughout Winter. The success of the 2019/20 Operational Plan is reliant on creating appropriate capacity and flow within the organisation.</p>
<p>Reduce the number of stranded patients in order to reduce bed occupancy</p> <p style="text-align: center;">GREEN</p>	<p>The Emergency Care Improvement Programme (ECIP) defines stranded patients as those with a length of stay of seven days or more and SaTH has been targeting improving these numbers. The current position is 260-275 compared to the same period last year (330-346) which has enabled a consistent improvement of around 22% when compared to 2017/18.</p> <p>Super Stranded Patient levels, those with a length of stay of over 21 days are also much lower than last year showing a 44% improvement rate. This progress has been a great success for the Trust and will also look to be further developed within 2019/20.</p>
<p>Make improvements in admitted and non-admitted pathways</p> <p style="text-align: center;">AMBER</p>	<p>Improved minors performance through developing the ENP workforce, revising pathways and processes.</p> <p>Admitted pathways have been more challenged due to the limited bed capacity available on both sites</p>
<p>RTT improved performance to be maintained through 2018/19</p> <p style="text-align: center;">RED</p>	<p>The organisation has managed to maintain RTT performance through the majority of 2018/19, however, during Q4 the target has been narrowly missed. A number of specialties are at further risk of a deteriorating position including Urology, Respiratory and Ophthalmology due to the non elective pressures impacting on the capacity to deliver day surgery at both sites.</p> <p>A Vanguard unit has been in place at RSH for 3 months to support</p>

	<p>the position and an additional Vanguard unit has been ordered for Q1 at PRH.</p> <p>A recovery plan has been developed to bring RTT back in line with target performance by Q2 of 2019/20</p>
<p>Continue to maintain Cancer performance, addressing known demand issues and capacity constraints</p> <div data-bbox="225 472 507 568" style="background-color: red; color: white; text-align: center; padding: 5px; border-radius: 10px; width: fit-content; margin: 10px auto;">RED</div>	<p>During 2018/19 SaTH has experienced a number of challenges relating to the national Cancer targets. The organisation has managed to maintain 31 day performance throughout 18/19 achieving 98.6% in January 2019.</p> <p>There have been many in year challenges relating to maintaining 2 week wait and 62 day Cancer performance, with January numbers reaching 89.7% and 67.2% respectively.</p> <p>It is recognised that improvements are required to increase performance and as a result from the end January 2019, SaTH is receiving 3 days per week support from NHSI. This will aim to review MDT processes, demand and capacity modelling and PTL management. This work will progress in 2019/20 utilising TCPS methodology, supported by the organisation's Transforming Care Institute.</p>
<p><i>Ambition 2: Reduce our reliance on temporary staffing through a 25% improvement in vacancy rate</i></p>	
<p>Develop a sustainable workforce model within A&E</p> <div data-bbox="240 1216 523 1299" style="background-color: yellow; color: black; text-align: center; padding: 5px; border-radius: 10px; width: fit-content; margin: 10px auto;">AMBER</div>	<p>Following the announcement of the allocation of £312 million to enable the Trust to develop both hospital sites into two state of the art facilities there has been successful recruitment of additional medical consultants. SaTH's ED consultant numbers now sit at 7 working across both sites, the highest they've been for a number of years. During 2018/19 the organisation has also worked hard to secure additional substantive and long term locum middle tier doctors. This has allowed SaTH to maintain a 24/7 service in both Emergency departments. Although improvements have been made within the ED consultant and middle tier workforce numbers ED Nursing numbers remain challenging. 2018/19 progress will continue to be built on during 2019/20 as part of the trust's workforce plan.</p>
<p>Conclude discussions with regard to the configuration of Gastroenterology inpatient services and implement agreed actions</p> <div data-bbox="233 1749 499 1832" style="background-color: red; color: white; text-align: center; padding: 5px; border-radius: 10px; width: fit-content; margin: 10px auto;">RED</div>	<p>The provision of Gastroenterology on a single site was identified as a target area for 2018/19. The challenges and possible solutions involving the Gastroenterology service have a direct impact on both the Scheduled and Unscheduled Care Groups. Throughout 2018/19 the emergency inpatient services continued to be provided across both sites creating both quality and workforce challenges. There are a small number of Gastroenterology Consultants which has been the driver for change.</p> <p>This programme of work will need to be further developed in 2019/20 due to limited progress in year.</p> <p>A proposed solution is to remove duplication and to create a single point of admission for emergency Gastroenterology inpatients within the RSH site.</p>

<p>Complete analysis and implement solutions including E-roster that aligns Clinical support workforce with acuity of need</p> <p style="text-align: center;">AMBER</p>	<p>During 2018/19 there has been progress made in utilising E-rostering to align Support Services workforce resource with acuity of need. There has been work completed to upload Pharmacy at PRH to e-rostering with RSH being worked on currently. Progress will continue in to 2019/20 with Pathology being uploaded next before moving on to Therapies and Radiology. It is recognised that this piece of work is pivotal but due to limited workforce resource progress has been slower than anticipated.</p>									
<p>Implement actions arising out of planned CCG public consultation regarding maternity services in Shropshire</p> <p style="text-align: center;">RED</p>	<p>The Proposed Maternity Services model for Shropshire was approved to progress to public consultation by Shropshire and Telford & Wrekin CCGs following completion of NHSE assurance process during 2018/19. Due to the FutureFit public consultation for health economy reconfiguration the Maternity service consultation was unable to progress. There will be a drive to address this during 2019/20.</p>									
<p>Complete data analysis and construct plans to address continuing medical staff risk</p> <p style="text-align: center;">AMBER</p>	<p>The organisation has developed a 5 year workforce transformation plan which gradually aligns the workforce capacity and ways of working to that which is required within the long term future hospital reconfiguration programme.</p> <p>Additional ED consultants and middle tier doctors have been appointed in 2018/19. The workforce plan for 2019/20 describes increases in medical workforce to improve the gaps in ITU, acute medicine and specialist medicine.</p>									
<p>Continue to work towards managing expenditure on agency staff in line with agency cap, expanding focus to include retention as well as recruitment</p> <p style="text-align: center;">AMBER</p>	<p>Progress has been made during 2018/19 in relation to both nurse agency expenditure and WTE used per week, as demonstrated in the table below:-</p> <table border="1" data-bbox="584 1451 1386 1659"> <thead> <tr> <th></th> <th>Total spend</th> <th>Average WTE per week</th> </tr> </thead> <tbody> <tr> <td>2017-18</td> <td>10.4m</td> <td>141</td> </tr> <tr> <td>2018-19</td> <td>9.2m</td> <td>127</td> </tr> </tbody> </table> <p>The Trust has also worked hard on reducing the number of agencies included within the Preferred Supplier List, with these agencies increasing their fill share from 24% at the start of the arrangement (December 2017) to 52% in February 2019. Regular performance management meetings have continuously been held.</p> <p>Bank staff have also been offered the option to be paid weekly or monthly and the number of shifts filled by Bank staff has increased from an average 489 per week in April/May 2018 to an average 642 in</p>		Total spend	Average WTE per week	2017-18	10.4m	141	2018-19	9.2m	127
	Total spend	Average WTE per week								
2017-18	10.4m	141								
2018-19	9.2m	127								

	<p>January 2019.</p> <p>A number of focus groups have been held during 2018/19 with bank worker representatives to aid a better understand and improve their experience of work. One outcome of these conversations is the development of a handbook which will be circulated to all Bank workers in the new financial year.</p>
<p>Continue to develop the consultant job planning process to ensure job plans are aligned to operational needs</p> <p style="text-align: center;">AMBER</p>	<p>There has been a driver during 2018/19 to meet the medical workforce challenges across both elective and emergency care. This work requires continuing work on Consultant job plans to align resource to requirement. In year progress has been made involving the implementation of Allocate job planning software; this will allow capacity requirements to be identified. To date 89% of Consultant job plans have been uploaded within Allocate and support to Clinicians, Clinical Directors and Operational Teams will continue to be provided.</p>
<p><i>Ambition 3: To become more efficient in our performance through reducing waste in our processes embedding our Transforming Care Methodology</i></p>	
<p>Continue discussions to design and implement Radiology replacement programme</p> <p style="text-align: center;">RED</p>	<p>As part of the 2017/18 and 2018/19 plans it was established utilising model hospital that SaTH was facing an ever increasing challenge relating to the aging diagnostic equipment. Model Hospital showed that the organisation was in line with peers in relation to scans being completed but was doing so utilising a smaller number of scanners which in many cases had exceeded its expected lifespan. The Trust experiences diagnostic equipment breakdowns at an ever increasing rate and is now progressing its Radiology replacement programme. This programme of work is being overseen by the Capital Planning group.</p>
<p>Progress the development of services within Scheduled Care as a result of service appraisal</p> <p style="text-align: center;">GREEN</p>	<p>The key focus for the Scheduled Care group for 2018/19 has been to selectively develop services where possible. This has been in conjunction with protecting and stabilising other key specialties which have been challenged in delivery. A key achievement for 2018/19 has been the opening of the new Ophthalmology department at the RSH site.</p>
<p>Review service costs and/or plan to recover loss of income across specialties within Women and Children's Care Group</p> <p style="text-align: center;">AMBER</p>	<p>The Women and Children's Care Group has experienced a challenging year in relation to income loss. As a result there has been a key focus on reviewing service costs and maximising income opportunities. A specialty update is provided below:-</p> <ul style="list-style-type: none"> • Gynaecology income recovery – utilising locum consultant and increase nursing hours to maximise procedures through GATU. Initiated Saturday lists to clear GATU operative backlog and hysteroscopy. We missed our full plan due to income recovery being slower than expected due to unforeseen workforce issues in Gynae Nursing meaning we couldn't maximise our weekend WLI. • Neonatal income recovery – Working with the Neonatal Network to maximise Tier 2 cots from Tier 3 units to deliver 85% occupancy across the network. This work is on-going and

	<p>currently under review by specialised commissioning.</p> <ul style="list-style-type: none"> • Maternity income recovery – Income recovery in maternity was a challenge due to the service fragility and decrease in births (approx. 1.5/week). The service achieved circa 1.1m in CNST rebate to offset the 900K income shortfall.
<p>Continued development of integrated acute and community Paediatric pathways of care</p> <p style="text-align: center;"></p>	<p>Joined up collaborative pathway working is being utilised between SaTH and community Paediatric teams and tertiary centres. Some of these collaborative pathways are:-</p> <p>Tertiary Centres:-</p> <ul style="list-style-type: none"> • Oncology <p>Primary and Community Care:-</p> <ul style="list-style-type: none"> • Respiratory • Gastroenterology • Children with complex needs and disabilities <p>These joined up pathways are improving the quality of care being provided to patients within the local health system and will be further strengthened in 2019/20.</p>
<p>Complete delivery of improvements to the Colposcopy facilities</p> <p style="text-align: center;"></p>	<p>Outlined within the 2018/19 Operational Plan was the requirement to improve the Outpatient provision for Gynaecology and Colposcopy at RSH. The driver for this objective was due to the services' Outpatients facilities not meeting the Cervical Screening Quality Assurance requirements. This had a major impact upon the privacy and dignity of patients. Essential improvements to the clinic area have now been completed and have a positive impact on the quality of care being received by the Trust's patients.</p>
<p>Increase income through market driven growth in activity for Fertility Services</p> <p style="text-align: center;"></p>	<p>During July 2018 SaTH's Fertility Centre successfully relocated off site. This was following an implementation programme which was worked up during 2017/18 and 2018/19.</p> <p>A communications campaign has been rolled out during Q4 which is designed to aid market driven growth within the service. It is anticipated that this growth will be realised during 2019/20. This growth will be facilitated utilising a third party to help drive.</p>
<p>Continue to realise the gains based on the Meridian review</p> <p style="text-align: center;"></p>	<p>We are commissioning an external organisation (Four Eyes), who will commence with the Trust in April 2019 to support the care group in realising the waste reduction opportunities identified in theatre productivity. This will be through either additional activity or taking costs out through list consolidation and less WLI sessions, depending on the context the speciality is working in. The key risk to this is access to sufficient beds and therefore day surgery needs to cease being used for surge capacity. Gastroenterologist recruitment has been positive such that there should be an ability to reduce Endoscopy WLI costs during Q4.</p>

<p>Achieve financial sustainability through the delivery of the Trust's waste reduction schemes</p> <p>inc. Review service costs and/or plan to recover loss of income across specialties within Women and Children's care group</p> <p style="text-align: center;"> RED</p>	<ul style="list-style-type: none"> • Against the PYE savings plan of £8.198 million, at M11 the PYE effect from the Amber Green schemes is £4.927M. • Against the YTD plan of £7.240 million, £4.424 million has been delivered, with an adverse variance of £2.816 million. • Forecast delivery is £4.927 million, a shortfall of £3.271 million against the plan of £8.198 million
<p>Respond and build upon the results and recommendations identified through on-going CQC assessments</p> <p style="text-align: center;"> AMBER</p>	<p>In August 2018 The CQC undertook an inspection within SaTH and reported an overall rating of 'inadequate', with care rated as 'Good'. The Report identifies 79 'Must Do' requirements and 89 'Should Do' recommendations. Several of these linked to Section 29a and Section 31 notices. In response the Trust has developed an integrated improvement plan to support delivery of 'must do' and 'should do' actions from the CQC report. Each Executive Director has taken an SRO role for the five improvement steering groups and collectively the executive review progress on a weekly basis. Analysis of the Must Do Findings by theme has been undertaken and then allocated to the most appropriate improvement steering group.</p>
<p>Continue to roll-out the Exemplar Ward Programme</p> <p style="text-align: center;"> GREEN</p>	<p>The Exemplar programme represents SaTH's vision and aspirations to build upon previous achievements and ambitions for Nursing and Midwifery to be the best in the NHS. Within 2018/19 with patient experience at the heart of Exemplar 3 Wards across SaTH have been awarded diamond status :-</p> <ol style="list-style-type: none"> 1. Ward 21 postnatal 2. Critical Care PRH 3. Critical Care RSH <p>3 wards across SaTH have been awarded gold status:-</p> <ol style="list-style-type: none"> 1. Ward 16 Stroke 2. Neonates 3. Ward 4 T&O <p>This is as a result of displaying strong leadership to inspire their entire teams to make changes in areas including care and compassion, infection control, documentation and communication in order to improve a patient's journey through their ward.</p> <p>This will be built on once again during 2019/20 with initial baseline assessments progressing, expected to be completed within Q1.</p>

<p>Continue to progress SSP programme</p> <p style="text-align: center;">GREEN</p>	<p>The Trust's Sustainable Services Programme was progressed significantly during 2018/19. The Trust supported the completion of the FutureFit Public Consultation facilitated by the CCG's. Following this engagement process on 29 January the decision was made by the joint committee that RSH would be the Emergency site and PRH will become the planned care site.</p> <p>SaTH's Trust Board formally approved the Strategic Outline Case on 7 February and subsequently it was formally submitted to NHSI 14 February.</p> <p>In conjunction with the Trust's KPO team and VMI partnership a 3P week-long event was also held giving 50 colleagues from clinical and support services departments an opportunity to work on hospital redesign, checking assumptions, adjacencies and progressing design.</p>
<p>Review and further development of the Trust's new Leadership Academy to underpin people strategy</p> <p style="text-align: center;">GREEN</p>	<p>The Trust recognises the importance of growing leaders from within to shape the future direction of travel for the organisation. As a result of responses received within the annual staff survey, SaTH has developed its Leadership Academy to enhance the internal People Strategy. The two key areas of focus moving into 2019/20 will be based upon safety and staff engagement.</p>
<p>Continue to address specific high risk areas in line with Trust's Capital Programme</p> <p style="text-align: center;">GREEN</p>	<p>SaTH's Capital programme investments have continued in 2018/19 to address high risk areas, which have been managed through the Capital Planning Group (CPG). Due to very limited capital and increasing pressures not all requests can be funded. Financial resource has been allocated on a priority basis as agreed by CPG with reference to Operational Risk Group prioritisation of risks. The allocation of capital for 2018/19 is set out below:-</p> <p>Funded from Internally Generated Capital Funds:</p> <ul style="list-style-type: none"> • Continuation of Ophthalmology move into Copthorne Building • Replacement Linear Accelerator • Refurbishment of RSH Maternity Led Unit • Replacement Medical Equipment (including Theatre Camera Stacks) • Investment in IT Infrastructure • Investment in replacement of non-clinical equipment • Continuation of Fire Safety Project (including RSH Ward Block compliance) <p>Funded from External Funds (PDC):</p> <ul style="list-style-type: none"> • NHS Wi-Fi in Secondary Care

	<ul style="list-style-type: none"> • Additional Bed Capacity - 30 Bedded Ward (Ward 35) • HSLI funding - Datawarehouse • Digital Pathology Equipment - Cancer Transformation • Pharmacy System Upgrade RxInfo • Cancer Transformation
<p>Continue to implement Trust's I.T. strategy</p> <p style="text-align: center;">GREEN</p>	<p>A key enabling element of the progression of the Sustainable Services Programme is to implement an Electronic Patient Record (EPR) system as part of a Digital Strategy Programme. During 2018/19 the organisation commissioned PA Consulting to develop an outline business case to explore capacity, requirements and opportunities.</p> <p>Initial works have also begun on upgrading the current data warehouse. It was recognised that this would need to be upgraded as an enabling element of EPR implementation. This work stream will continue to be developed during 2019/20</p>
<p>Continue rolling out TCI lean methodology across the organisation</p> <p style="text-align: center;">GREEN</p>	<p>2018/19 signified the 3rd year of a 5 year journey in partnership with the Virginia Mason Institute in Seattle. SaTH's Transforming Care Institute has developed 8 different value streams during 2018/19 utilizing the organization's developed Transforming Care Production System.</p> <p>The value streams are:-</p> <ol style="list-style-type: none"> 1. Respiratory discharge 2. Sepsis 3. Recruitment (Non-Medical) 4. Ophthalmology Outpatients 5. Patient safety reporting 6. Radiology 7. Emergency department 8. Surgical pathway <p>The Trust has also continued with its commitment of educating and engaging staff to utilise the methodology. Numbers of individuals educated and engaged within the TPCS methodology is on trajectory with 3928 being educated and 1036 engaged.</p> <p>SaTH are also using the TCPS methodology to support the improvement required as identified by the CQC Must Do and Should Do actions.</p>

Appendix 2: Key Risks to the delivery of the plan

RISK	THEME	Impact	Likelihood	Score	Tgt Score	Mitigating action	Responsible Officer
A&E	Activity and	4	3	12	4	Close monitoring	ACOO

performance fails to improve in line with trajectory	Performance					of performance. Delivery of Urgent Care improvement plan	Unscheduled Care
RTT performance fails to Improve in line with trajectory	Activity and Performance	4	3	12	4	Close monitoring of performance. Delivery against RTT improvement plan	ACOO Scheduled Care
Cancer 62 day waits fails to improve in line with trajectory	Activity and Performance	4	4	16	4	Close monitoring of performance. Delivery against Cancer improvement plan	DCCO
Failure to secure workforce and deliver new workforce models to deliver the actions within the operational plan	Workforce	5	4	20	12	Recruitment campaigns to support agreed workforce change. International recruitment where appropriate. Alternative models of provision	COO/DoW/DoN
Growth exceeds the planning assumptions	Activity and Performance	3	3	9	6	Close monitoring of demand/activity. Regular review at contract management board.	COO
The Trust is unable to deliver a CIP programme at scale and pace required to achieve the required level in 2019/20	Finance	4	5	20	12	Close monitoring of progress via PMO/Confirm and challenge.	Care Group Directors/COO

There is insufficient access to the appropriate capacity to deliver the activity plans	Activity and Performance	4	4	16	8	Bid for capital funds for additional capacity at PRH.	COO
Funding is not available to secure the estate or workforce changes required to deliver the plan	Finance	4	5	20	12	Agreement on priority areas of focus by execs and Board. Board discussion related to acceptance of control total. Regular review and update via Performance committee	COO/DoF

Table 2: Key risks to delivery

Appendix 3: Growth assumptions by CCG

POD	Shropshire	Telford	Comment
A&EType 1	4.12%	1.40%	
A&EOther	4.21%	14.50%	We recognise that this increase is related to minor demand and will be impacted by the UTC specification expected later in 2019
Daycase	5.17%	5.24%	
Elective	-5.86%	-2.88%	
Non Elective 0 LoS	8.66%	8.02%	Based on this year's growth we have anticipated a higher growth in our activity assumptions.
Non Elective LoS 1 Day Plus	2.31%	2.09%	Based on this years growth we have anticipated a higher growth in our activity assumptions.
OP First	1.67%	2.50%	
OP Follow Up	1.67%	0.00%	
OP Procedure	3.15%	1.60%	
Critical Care	2.00%	2.00%	
Unbundled	2.00%	2.00%	
Variable	2.00%	2.00%	

Block	0.00%	0.00%	
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Appendix 4: Demand and Capacity Modelling for Bed Equivalent Requirements

Our assessment of bed capacity demonstrates that without fundamental changes to the way we deliver services there will be ongoing excess requirements above sustainable levels throughout the year.

In 2018/19 the Trust has regularly been operating for sustained periods at above 100% occupancy through the utilisation of escalation capacity. This situation has put immense pressure and strain on staff and has resulted in increased sickness and vacancy rates and significant use of agency and bank staff which is not sustainable.

Boarding on wards (where additional beds are accommodated in non-core bed spaces) was eliminated from the Trust in August 2018.

The Trust is planning to deliver a maximum bed occupancy of 95% in 2019/20. In order to develop a capacity plan that secures 95% bed occupancy a number of assumptions have been made.

Assumptions:-

- Based on elective and non-elective profiling from care group plans
- Non-elective activity has been split between inpatient and 0 LOS to more accurately reflect activity through the bed base.
- Bed modelling undertaken for +1 day LOS
- Paediatric and Maternity bed base and demand removed
- Day surgery capacity is not included in the core bed base in order to maintain day surgery activity throughout winter
- Additional bed capacity is required to reduce the number of patients that wait for a bed in A&E when they have a decision to admit
- Additional bed capacity is required to reduce the time waiting for a core bed when a patient is ready to move out of ITU
- Length of stay has been taken at 6.05 days (adult LOS excluding 0 LOS)

Demand

DEMAND	April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Non-elective +1 day	3,394	3,657	3,525	3,698	3,655	3,485	3,706	3,676	3,750	3,949	3,577	3,775
Elective in-patient	406	428	471	437	388	359	430	453	371	407	349	423
Total spells	3800	4085	3996	4135	4043	3844	4136	4129	4121	4356	3926	4198
Remove maternity spells (Exc LOS)	392	433	367	379	352	373	390	373	369	344	429	429
Spells without maternity	3408	3652	3629	3756	3691	3471	3746	3756	3752	4012	3497	3769
Remove paediatrics	309	353	356	375	281	354	467	381	381	387	356	377
Spells without paediatrics	3099	3299	3273	3381	3410	3117	3279	3375	3371	3625	3141	3392
days in months	30	31	30	31	31	30	31	30	31	31	29	31
beds days required (G&A)	18596	19795	19638	20287	20458	18703	19673	20249	20225	21747	18846	20352
with Av LOS 6.0 days	620	639	655	654	660	623	635	675	652	702	650	657
PRH (43.5%)	1348	1435	1424	1471	1483	1356	1426	1468	1466	1577	1366	1476
RSH (56.5%)	1751	1864	1849	1910	1926	1761	1852	1907	1905	2048	1775	1917
RSH	April	may	june	july	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total spells (without paed/mat)	1751	1864	1849	1910	1926	1761	1852	1907	1905	2048	1775	1917
days in months	30	31	30	31	31	30	31	30	31	31	29	31
beds days required (G&A)	10507	11184	11096	11462	11559	10567	11115	11441	11427	12287	10648	11499
with Av LOS 6.05 days	350	361	370	370	373	352	359	381	369	396	367	371
PRH	April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total spells (without paed/mat)	1348	1435	1424	1471	1483	1356	1426	1468	1466	1577	1366	1476
days in months	30	31	30	31	31	30	31	30	31	31	29	31
beds days required (G&A)	8089	8611	8543	8825	8899	8136	8558	8808	8798	9460	8198	8853
with Av LOS 6.05 days	270	278	285	285	287	271	276	294	284	305	283	286
TOTAL PRH & RSH	620	639	655	654	660	623	635	675	652	702	650	657

PRH capacity

		April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
CAPACITY													
beds available (core)		303	303	303	303	303	303	303	303	303	303	303	303
ward 7 bay a		6	6	6	6	6	6	6	6	6	6	6	6
TOTAL CORE		309	309	309	309	309	309	309	309	309	309	309	309
take out AMU		-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8
take out SAMU		0	0	0	0	0	0	0	0	0	0	0	0
take out paediatrics		-36	-36	-36	-36	-36	-36	-36	-36	-36	-36	-36	-36
Total beds available for +1 day		265	265	265	265	265	265	265	265	265	265	265	265
DEMAND													
BEDS REQUIRED with LOS 6 days		275	272	289	281	272	277	273	299	285	284	276	294
5% to reduce occupancy to 95%		289	285	303	295	285	291	287	314	299	299	290	309
BED GAP		-24	-20	-38	-30	-20	-26	-22	-49	-34	-34	-25	-44
Schemes to bridge bed gap													
Improvement solutions													
Front-Door - Acute Medicine	PRH	1	2	3	3	3	2	3	3	3	3	3	3
Frailty @ PRH	PRH	3	5	5	5	5	5	5	5	5	5	5	5
Frailty Step Up Beds	PRH	0	0	0	0	0	0	0	0	0	0	0	0
Stranded Patients / Improve LoS	PRH	3	4	10	24	24	24	24	24	24	24	24	24
Stranded Patients / Improve LoS	PRH	0	0	0	0	0	0	0	0	0	0	0	0
Stranded Patients / Improve LoS	PRH	0	0	0	0	0	0	0	0	0	0	0	0
Total Improvements	PRH	7	11	18	32	32	31	32	32	32	32	32	32
BED GAP		-17	-9	-20	2	12	5	10	-17	-2	-2	7	-12

RSH capacity

		April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
CAPACITY													
beds available (core)		369	369	369	369	369	369	369	369	369	369	369	369
		0	0	0	0	0	0	0	0	0	0	0	0
TOTAL CORE		369	369	369	369	369	369	369	369	369	369	369	369
take out AMU		-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8
take out SAMU		-7	-7	-7	-7	-7	-7	-7	-7	-7	-7	-7	-7
take out paediatrics		0	0	0	0	0	0	0	0	0	0	0	0
Total beds available for +1 day		354	354	354	354	354	354	354	354	354	354	354	354
DEMAND													
BEDS REQUIRED with LOS 6 days		357	353	375	365	353	360	355	389	370	369	358	382
5% to reduce occupancy to 95%		375	371	394	383	370	378	372	408	388	388	376	401
BED GAP		-21	-17	-40	-29	-16	-24	-18	-54	-34	-34	-22	-47
Schemes to bridge bed gap													
Improvement solutions													
Front-Door - Acute Medicine	RSH	2	3	4	4	3	3	3	4	4	4	4	4
Stranded Patients / Improve LoS	RSH	1	1	2	2	2	2	2	2	2	2	2	2
Total Improvements	RSH	3	4	6	6	5	5	5	6	6	6	6	6
BED GAP		-18	-13	-34	-23	-11	-19	-13	-48	-28	-28	-16	-41

Trust wide Capacity

		April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar
beds available (core)		642	642	642	642	642	642	642	642	642	642	642	642
ward 7 bay a		6	6	6	6	6	6	6	6	6	6	6	6
TOTAL CORE		648	648	648	648	648	648	648	648	648	648	648	648
take out AMU		-16	-16	-16	-16	-16	-16	-16	-16	-16	-16	-16	-16
take out SAMU		-7	-7	-7	-7	-7	-7	-7	-7	-7	-7	-7	-7
take out paediatrics		-36	-36	-36	-36	-36	-36	-36	-36	-36	-36	-36	-36
Total beds available for +1 day		589	589	589	589	589	589	589	589	589	589	589	589
DEMAND													
LOS calculated at 6.05 days													
BEDS REQUIRED with LOS 6 days		633	625	664	645	624	637	628	688	654	654	634	676
5% to reduce occupancy to 95%		664	656	697	677	655	669	659	723	687	686	666	710
BED GAP		-75	-67	-108	-88	-66	-80	-70	-134	-98	-97	-77	-121
Schemes to bridge bed gap													
Improvement solutions		April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Front-Door - Acute Medicine	PRH	1	2	3	3	3	2	3	3	3	3	3	3
Front-Door - Acute Medicine	RSH	2	3	4	4	3	3	3	4	4	4	4	4
Frailty @ PRH	PRH	3	5	5	5	5	5	5	5	5	5	5	5
Frailty Step Up Beds	PRH	0	0	0	0	0	0	0	0	0	0	0	0
Stranded Patients / Improve LoS	PRH	3	4	10	24	24	24	24	24	24	24	24	24
Stranded Patients / Improve LoS	RSH	1	1	2	2	2	2	2	2	2	2	2	2
Total Improvements	PRH	7	11	18	32	32	31	32	32	32	32	32	32
Total Improvements	RSH	3	4	6	6	5	5	5	6	6	6	6	6
Total Improvements	Total	10	15	24	38	37	36	37	38	38	38	38	38
BED GAP		-65	-52	-84	-50	-29	-44	-33	-96	-60	-59	-39	-83
winter beds open all year		30	30	30	30	30	30	30	30	30	30	30	30
RSH ward 35					28	28	28	28	28	28	28	28	28
BED GAP AGAINST HOSPITAL CAPACITY		-35	-22	-54	8	29	14	25	-38	-2	-1	19	-25
PHYSICAL CAPACITY AVAILABLE		April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Hospital Beds available for +1 LOS		589	589	589	589	589	589	589	589	589	589	589	589
additional beds (winter beds/ward 35)		30	30	30	58	58	58	58	58	58	58	58	58
care home beds		11	11	11	11	11	11	11	11	11	11	11	11
Hospital full protocol (without day surgery or AEC)	PRH												
Hospital full protocol (without day surgery or AEC)	RSH	8	8	8					8	0	0	0	8
Capacity available		638	638	638	658	658	658	658	666	658	658	658	666
SUMMARY - TRUST WIDE		April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Demand (as at line 35)		664	656	697	677	655	669	659	723	687	686	666	710
Improvements (as at line 28)		10	15	24	38	37	36	37	38	38	38	38	38
revised demand (demand - improvements)		654	641	673	639	618	633	622	685	649	648	628	672
Capacity with all included additional included		638	638	638	658	658	658	658	666	658	658	658	666
REMAINING GAP		-16	-3	-35	19	40	25	36	-19	9	10	30	-6

Appendix 5: Capacity Plan

One solution to the capacity gap is to utilise more bed capacity throughout the year.

The core bed capacity we could use in 2018/19 is as follows, however this can only be utilised effectively if additional workforce is available to staff the wards effectively. Further work is required to determine what alternative solutions can be found that will support additional bed equivalent capacity whilst managing the risk associated with our current workforce gaps.

	PRH	RSH	Total
Original Core Bed Base (including paed and assessment areas)	289	353	642
Core beds available for +1 day LOS	245	338	583
Additional bay that has been used all year to be counted in core bed base (ward 7 bay A)	6		6
Ward 8 (all year instead of winter)	14	16	30
Ward 35 (from July)		28	28

Community beds for sath2Home (all year)	6	5	11
New core bed base for +1 day LOS	271	387	658
Paediatrics	36	0	0
Assessment areas	8	15	0
New Core Bed base	315	402	717

Table 12: Bed capacity 2019/20

This still leaves a residual challenge, with no additional flexibility for any surge activity, particularly at PRH without utilising day surgery capacity.

(a negative number indicates a bed gap i.e. more demand than capacity available. A positive number indicates sufficient capacity to meet demand, however this only supports average demand and will not be adequate in times of surge)

SUMMARY - TRUST WIDE	April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Demand (as at line 35)	664	656	697	677	655	669	659	723	687	686	666	710
Improvements (as at line 28)	10	15	24	38	37	36	37	38	38	38	38	38
revised demand (demand - improvements)	654	641	673	639	618	633	622	685	649	648	628	672
Capacity with all included additional included	638	638	638	658	658	658	658	666	658	658	658	666
REMAINING GAP	-16	-3	-35	19	40	25	36	-19	9	10	30	-6

SUMMARY - PRH	April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Demand (as at line 12)	289	285	303	295	285	291	287	314	299	299	290	309
Improvements (as at line 28)	7	11	18	32	32	31	32	32	32	32	32	32
revised demand (demand - improvements)	282	274	285	263	253	260	255	282	267	267	258	277
Capacity with all included additional included	271	271	271	271	271	271	271	271	271	271	271	271
REMAINING GAP	-11	-3	-14	8	18	11	16	-11	4	4	13	-6

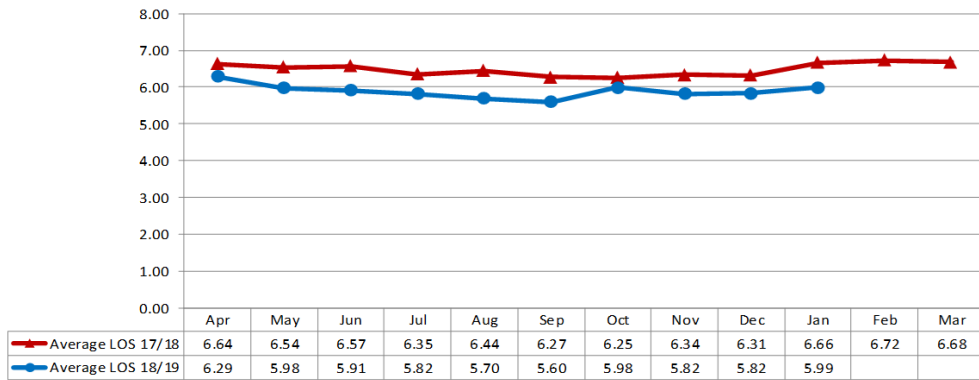
SUMMARY - RSH	April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Demand (as at line 12)	375	371	394	383	370	378	372	408	388	388	376	401
Improvements (as at line 28)	3	4	6	6	5	5	5	6	6	6	6	6
revised demand (demand - improvements)	372	367	388	377	365	373	367	402	382	382	370	395
Capacity with all included additional included	367	367	367	387	387	387	387	395	395	395	387	395
REMAINING GAP	-5	0	-21	10	22	14	20	-7	13	13	17	0

Table 13: Demand Capacity 2019/20

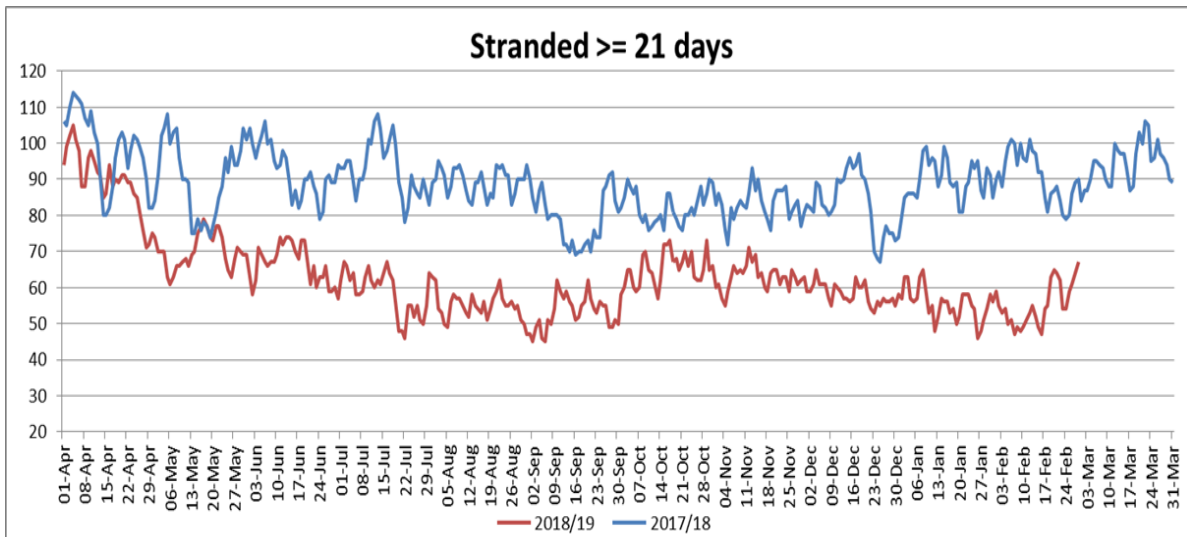
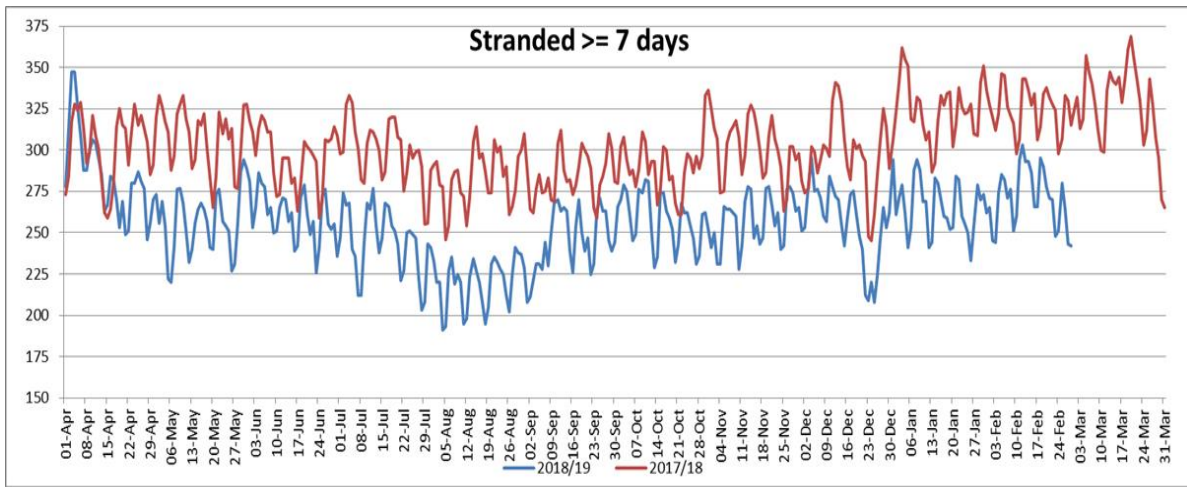
It is therefore part of our plan for 2018/19 that we secure additional capacity at PRH to be able to provide us with enough flexibility to provide good flow and support surge of demand when it occurs and continue to develop bed equivalents capacity with support of system partners.

Appendix 6: Length of Stay and Long stay patient performance 2018/19

SaTH Exc Maty – Average LOS (Exc 0 LOS)



SaTH Avg LOS Variance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	-5.3%	-8.6%	-10.0%	-8.3%	-11.6%	-10.7%	-4.4%	-8.2%	-7.8%	-10.0%		



Appendix 7 Performance trajectories

Metric: ED performance												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
National target (%)	95	95	95	95	95	95	95	95	95	95	95	95
Plan (%)	68.3	79.4	82	82.1	85	81	81.7	80.8	80.4	81.7	83.5	85

Metric: RTT												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
National target (%)	92	92	92	92	92	92	92	92	92	92	92	92
Plan (%)	87.4	91.1	91.6	92.3	93.1	93.7	93.6	93.2	92.3	92.5	92.6	93.6

Metric: DM01												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
National target (%)	99	99	99	99	99	99	99	99	99	99	99	99
Plan (%)	99	99	99	99	99	99	99	99	99	99	99	99

Cancer performance Trajectory

2ww (target 93%)

	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2ww %	91.8	92.8	92.7	93.8	93.7	98.3	94.2	94.0	93.3	93.6	93.8	94.0
2ww % (Breast)	92.5	93.0	92.2	93.8	92.9	93.0	93.9	94.8	93.8	93.9	94.6	93.8

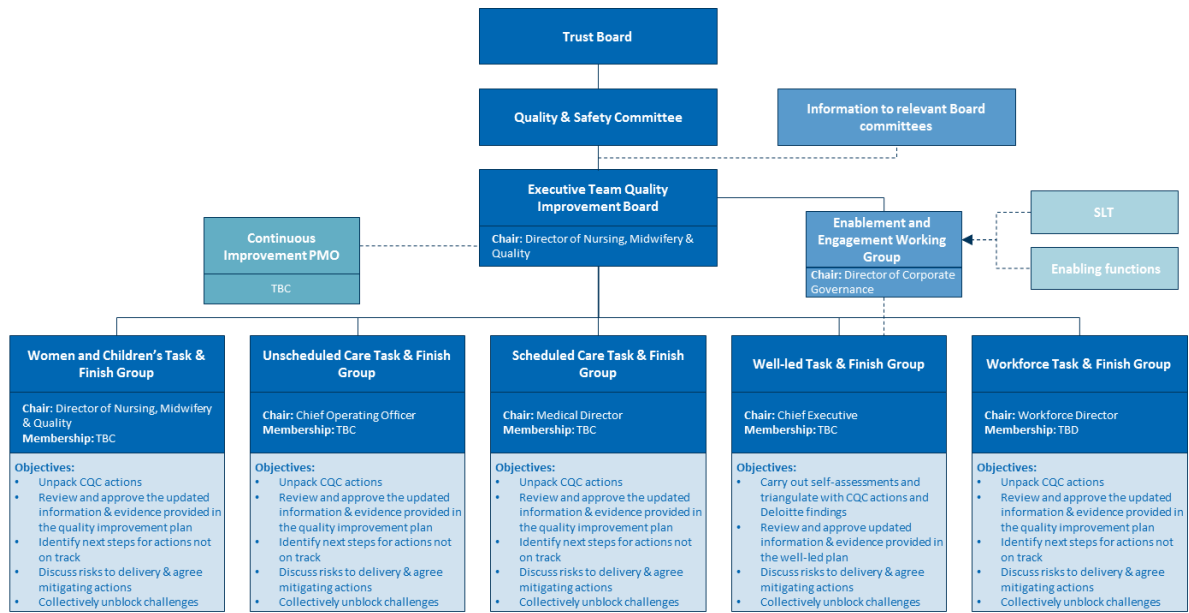
31 day first treatment (target 96%)

	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
31 day	99.2	99.3	98.9	99.2	99.3	98.5	100	99.3	98.4	99.2	99.6	99.6

62 day GP referral (target 85%)

	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
62 day	75.1	79.2	81.4	81.5	84.5	84.9	85.3	85.1	86.3	84.5	85.2	85.7

Appendix 8: Governance to support Quality Improvement Plan



Executive Director chair	<ul style="list-style-type: none"> • To provide the required influence and leadership to have the desired impact • Accountability for delivery of the relevant Improvement Steering Group area • To provide constructive challenge on progress, agreement of items for escalation and sign off for completed actions
Senior leadership	<ul style="list-style-type: none"> • To provide leadership from each of the Care Groups and key corporate issues (Workforce and Well-Led), working collectively to unblock challenges • To champion the approach within their services to engage all staff and support delivery of improvements
Front line staff	<ul style="list-style-type: none"> • To ensure all staff delivering improvements are engaged from the outset, involved in identifying root causes and owning the improvement actions • To highlight where there are challenges or delays with the implementation of the agreed actions, securing leadership sponsorship to resolve

Appendix 9: Quality Improvement Plans



20190320
Workforce QIP - Cyc



20190322
Scheduled Care QIP



20190322
Unscheduled Care C



Appendix 10 : 7 day services assurance document



Appendix 11: Workforce increase to support capacity and improvement actions

Workforce	Change in wte by year end	% change	Comments
Registered nursing	69.56	6.55%	Additional bed capacity + CQC recommendations
Registered Midwives	15.60	7.43%	Implementation of CQC recommendations
Dietetics	1.2	5.92%	Therapy led ward
OT	5.59	15.21%	Therapy led ward
Physio	6.39	9.05%	Therapy led ward
Radiographers	1.0	1.05%	ED pilot
SLT	1.56	8.17%	Therapy led ward
Pharmacy	0.75	1.89%	CQC action to support critical care
Pathology	2.5	2.69%	CQC action – POC and Flu testing
Support to nursing staff	30.16	2.58%	Additional bed capacity and CQC recommendations
Support to therapists	12.36	14.57%	Therapy led ward
Other clinical support	3.0	0.45%	Therapy led ward
Managerial staff	2.0	1.26%	Frailty project manager, stranded patient programme manager
Admin & Estates	7.2	1.85%	Increase in apprenticeships, additional compliance activity
Consultants	12.41	5.25%	ED, anaesthetics, medicine
GP	2.0	100%	AEC development
Middle Tier	19.50	25.08%	International recruitment – ED CQC action
Trainee Grades	12.0	4.57%	Approval of medicine Business case to support wards
TOTAL	204.78	3.67%	

Appendix 12: Workforce challenges

Description of workforce challenge	Impact on workforce	Actions in place
Supply of qualified Nursing staff - specifically ED and Medicine	<p>Difficulty sustaining required nursing workforce numbers to support winter and efficiencies</p> <p>Responsive and flexibility of workforce</p>	<p>ECIST supported ED Skill mix review includes introduction of Band 7 Senior Sister posts.</p> <p>Increase in band 6 and band 5 Sister/charge nurses over a 3 year period.</p> <p>Increase in substantive recruitment (vs temp recruitment) to support</p>

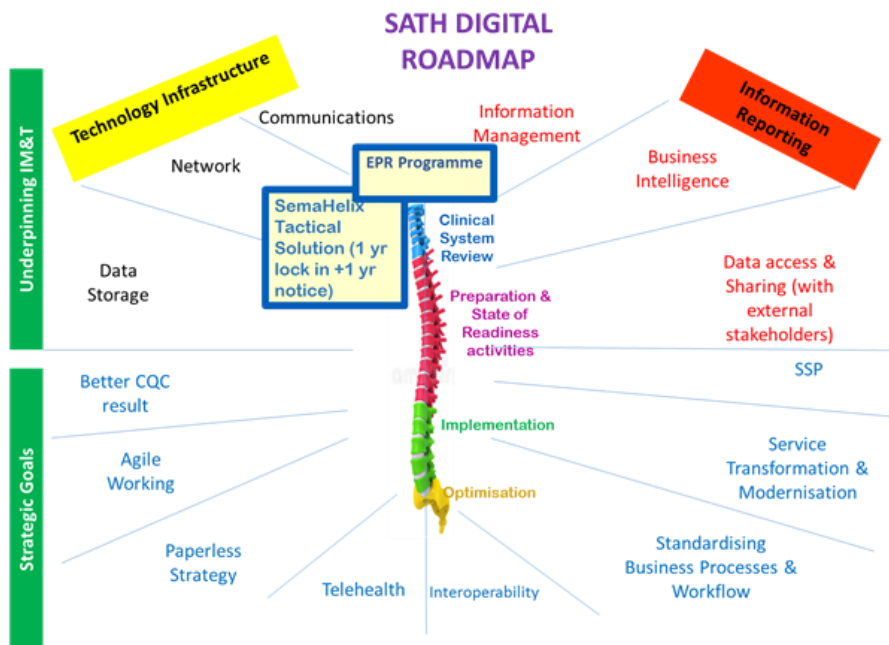
	High reliance on temporary and agency staff.	<p>additional capacity with continued open days and one stop shops.</p> <p>Review and further development of Nurse associate posts.</p> <p>Review of flexible working arrangements and management capability to support flexible working.</p> <p>Development of a therapy led ward with increased AHP support to be trialled on one site.</p>
Supply of Middle Grade and Consultants for ED and Medicine	Insufficient capacity to deliver improvements in patient care, including their length of stay and all shifts covered in the on-call rotas.	<p>Overseas recruitment to Indian and Dubai.</p> <p>Development of Portfolio and fellowship posts to attract and develop our own supply.</p> <p>Non-Consultant Workforce Strategy, leading to an expanded Non-Consultant (“Junior and Middle Grade”) workforce. Medicine has successfully recruited to the required numbers in 18/19 (year 1 of 3).</p> <p>Continued embedding of PA and ACP roles within medical workforce.</p>
<p>Increase required in Anaesthetic Consultants and Obstetric Anaesthetists.</p> <p>High density of EU and International workers within anaesthetic.</p>	Availability of WF limited resulting in increased turnover.	<p>Review of roster efficiency and role redesign.</p> <p>Recruitment to separate anaesthetic and intensivist rosters currently being scoped.</p> <p>Compliance with GPIC standards under review.</p>
Availability of Theatre ODPs.	Difficulty in recruitment to posts due to limited supply.	<p>ODP apprenticeship programme introduced 2019.</p> <p>Review of structure to support development of Theatre scrub support staff.</p>
Availability of Midwifery staff.	<p>Difficulty in recruiting experienced midwives.</p> <p>Turnover increasing due to age profile and adverse publicity.</p>	<p>Year 2 of successful Preceptorship Midwifery programme ongoing.</p> <p>Birth-rate plus WFP tool to be reviewed</p> <p>Increases in scrub nurses for maternity theatre to reduce midwifery reliance.</p> <p>Introduction of Band 3 Midwifery</p>

		Support worker and review of band 2 women support assistant roles.
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Appendix 13: 5 year workforce plan

Role	5 Year Plan WTE	In post at end of year 2	Numbers phased in WFP to 2022	Notes
Advanced Clinical Practitioners	52	21.0	33	Home growing and now recruiting qualified ACP
Physician Associate	20	6	14	Working with system partners – intern roles commence 2019
Nurse Associate	123	17.56	105.44	Previously offered through internal applications. Revising expected numbers in 2019/20 in line with review of entry routes to meet demand.
Reporting Radiographer	6	2	4	
Critical Care Support Worker	8	0	8	Under review as part of response to CQC response.
Pathway specific roles	30	3	27	Therapy and HCSW roles to support Rehab and Frailty
Prescribing Pharmacists	5	0	5	
ODP Apprentices	25	0	25	Preparation underway to launch September 2019 cohort

Appendix 14: Digital Roadmap



Appendix 15: How we use Model Hospital in SaTH

The Trust has been a keen supporter of the Model Hospital Development since its initial development. We were one of the first to invite in the Model Hospital Team to present the Model Hospital to operational managers and share their vision on how the model hospital should be used.

As a consequence of our relationship with the Model Hospital Team we were one of the first Trusts in the country to have a Model Hospital Ambassador, this led to the Trust being involved in the discussion and testing of pilot compartments as the Model Hospital portal was being developed. To embed the Model Hospital into the Trust an awareness programme was developed for all operational and clinical managers

To support operational and financial planning the information within the Model Hospital is triangulated with the Trusts Service Line Reporting (SLR), Get It Right First Time (GiRFT) reviews as well as key performance indicators including day case rates and average length of stay, cost drivers and service risks as per the risk register. We produce 'Documents for Discussion' which are designed to prompt a level of curiosity with the operational / clinical teams to review the information and discuss areas for quality or productivity improvement.

The delivery of the Carter Review Recommendations is led via the Carter Review Group which is chaired by the Finance Director with representatives from all Care Groups and Corporate Directorates. As per the Terms of Reference, in line with Recommendation 8 of the Carter Review, three specialties per month are required to present a critique of the specialty based on the information that is provided in the initial 'Document for Discussion', giving details of what actions have been taken to identify areas for improvement and an action plan showing how and when any quality or productivity improvements will be delivered.

The outcome of the initial engagement in the 'Document for Discussion' process has produced actions such as:-

- The paediatric service has developed a locally agreed peer group based on providers who provide a similar clinical service. Then they have reviewed their performance against this revised peer group, as a consequence they have contacted a Trust that appears to deliver a

similar service and a significantly lower cost per weighted activity unit (WAU), this will enable operational and clinical managers to compare the methodology of service delivery.

- On viewing the clinical areas that show a potential productivity opportunity (PPO) in the Model Hospital a significant number relate to the Surgical specialties, in these areas the local information confirmed that there was an issue relating to Theatre Utilisation and the Trust has engaged with FourEyes to improve the utilisation in this area and deliver a cost improvement programme, in addition the Trust is developing an action plan based on a recent benchmarking exercise which will improve service within the outpatients department.
- All the identified Potential Productivity Opportunities within the Model Hospital have been investigated and some of the areas for improvement include changes to the methodology in the Trusts Service Line Reporting and a change or improvement in data collection and reporting. These changes will enable a more appropriate benchmarking view to be undertaken.
- A potential productivity opportunity has been identified within Model Hospital against Corporate Services. The NHSi Regional Productivity Lead for Corporate Service was invited into the Trust to meet Executive Directors and review the working practices within the corporate functions. The outcome of this visit was that there are no significant areas for improvement identified, however the following action areas:-
 - staffing levels were identified as requiring review in a small number of departments,
 - the approval process for engaging external legal advice needs to be reviewed and the level of automation in the processing of data is like to drive productivity in all areas.

To ensure there is a clear link between the Model Hospital information and the GIRFT programme, these are managed via a single point of contact and while the GIRFT implementation plan is included in the 'Document for Discussion' for each specialty, there is also an embedded governance process for the management of the GIRFT action plans, which involves the specialty presenting the initial report and action plan plus regular updates to Care Group Boards and the Trust Clinical Governance Executive which reports to the Quality and Safety Committee.